

APPLICATION FOR EMPLOYMENT

DeConstruction Services, LLC
703-280-1719, 703-280-8919 (fax)
phughes1@cox.net

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City/State	Zip	
Phone: Home	Cell:		
	Email:		

Desired Employment

Position
Date you Can Start
Salary Desired
Who referred you to our company? Newspaper? Which one?
Friend (name)

Education

School	Name & Location	No. of Years Attended	Subjects Studied
Grammar School			
High School			
College			
Trade, Business School			
Special training or skills			

Former Employers
(List below last three employers starting with the most recent)

Name of Present Or Last Employer		
Address		
Starting Date		Ending Date
Starting salary	Ending salary	May we contact your supervisor?
Name of Supervisor		Title
		Phone
Description of Work		
Reason for Leaving		

Name of previous employer		
Address		
Starting Date		Ending Date
Starting salary	Ending salary	May we contact your supervisor?
Name of Supervisor		Title
		Phone
Description of Work		
Reason for Leaving		

Name of previous employer		
Address		
Starting Date		Ending Date
Starting salary	Ending salary	May we contact your supervisor?
Name of Supervisor		Title
		Phone
Description of Work		
Reason for Leaving		

References: Below give the names of three persons other than those listed above and who are not related to you who you have known for at least one year.

Name	Address	Phone known?	How long

Service Record:

Branch of Service	Discharge Date/Rank
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Have you ever been convicted of a felony?

If yes, explain.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date

Signature

HR-Form-4

7/17/06