Howell Contractors, Inc.

13310 Walton Verona Road Walton, Kentucky 41094 859-331-5457 Fax-859-331-6768

APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire An equal Employment Employer PERSONAL INFORMATION Date: SSN NAME FIRST MIDDLE LAST PRESENT ADDRESS: STREET CITY STATE ZIP PERMANENT ADDRESS S.A CITY STREET STATE ZIP Date of Birth: PHONE NUMBER ARE YOU EITHER A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? NO **EMPLOYMENT DESIRED** DATE SALARY YOU CAN START **POSITION DESIRED** IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ARE YOU EMPLOYED NOW? EVER APPLIED TO THIS COMPANY BEFORE? WHEN? REFFERED BY FIRS **EDUCATION** *NO OF DID YOU **SUBJECTS** NAME AND LOCATION OF SCHOOL **YEARS** GRADUATE? STUDIED **GRAMMER SCHOOL** HIGH SCHOOL COLLEGE TRADE, BUISNESS OR MIDDLE CORRESPONDENCE SCHOOL **GENERAL** SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK SPECIAL SKILLS ACTIVITIES: (CIVIC, ATHLETIC, ETC.) Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

RANK

PRESENT MEMBERSHIP IN

NATIONAL GUARD OR RESERVES

US MILITARY OR

NAVAL SERVICE

^{*}The age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years oa age.

CONTINUED ON THE OTHER SIDE

TORWILL LINE LOTE	170 (1101 01	LOW THE LAST THREE EMPLOYER	TO STARTING WITH	THE FIRST ONE)	
Date Month and Year	Name and	Address of Employer	Colony	Position	December Leaving
From	ivame and	Address of Employer	Salary	Position	Reason for Leaving
To	1				
From					
То	1				
From				****	
То	1				
From					
То					
WHICH OF THESE JOE	BS DID YOU	J LIKE BEST?			
WHAT DID YOU LIKE N	MOST ABOU	JT THIS JOB?			
DECEDENCES: ON	TUE NAMA		DEL ATED TO VOL		
REFERENCES: GIVE	THE NAM	ES OF THREE PERSONS NOT I	RELATED TO YOU	J, WHOM YOU HAV I	E KNOWN AT LEAST ONE YEAR.
NAME		ADDRESS		BUISNESS YEARS AQUAINTED	
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2					
		MM. M.			
3					
IN CASE OF EMERGENCY NOTIFY					
		NAME	ADDRESS		PHONE NO.
IF EMPLOYED, FALSIFIED I AUTHORIZE INVESTIGAT INFORMATION CONCERN FROM ALL LIABILITIES FO	OSTATEMEN FION OF ALL IING MY PRE OR ANY DAMA	ED IN THIS APPLICATION ARE TRU ITS ON THIS APPLICATION SHALL E STSTEMENTS CONTAINED HEREIN VIOUS EMPLOYMENT AND ANY PEI AGE THAT MAY RESULT FROM FUR	BE GROUNDS FOR D NAND THE REFERE RTINENT INFORMA' RNISHING SAME TO	DISMISSAL. NCES LISTED ABOVE TION THEY MAY HAVE YOU.	TO GIVE YOU ANY AND ALL E, AND RELEASE ALL PARTIES
		HIRED, MY EMPLOYMENT IS FOR N MINATED AT ANY TIME WITHOUT PI			LESS OF THE DATE OF PAYMENT
DATE		SIGNATURE			
		DO NOT WRITE	RELOW THIS	LINE	
		DO NOT HIMTE	- DEECAA IIIO		
INTERVIEWED BY			DATE		
REMARKS					
NEATNESS			ABILITY		
HIRED: YES	s No	POSITION		DE	PT.
SALARY / WAGE			DATE REPORTIN	NG TO WORK	
		2			3

DEPT. HEAD

GENERAL MANAGER

EMPLOYMENT MANAGER