



Employment Application for Walker Construction

Walker Construction Inc.
 Route 100 South
 Stowe, VT 05672
 800-499-8187

Applicants are considered for all positions without regard to race, color, sex, religion, age, national origin, citizenship status, ancestry, place of birth, sexual orientation, veteran status, or disability.

PERSONAL

Name _____ Social Security No. ____ - ____ - ____ Date _____
 Address _____ City _____ State _____ Zip _____
 How long at this address? _____ Telephone No. (____) ____ - _____

EDUCATION

Type of School	Name and Location of School	Graduated?		Name of Degree	Major
		Yes	No		
High School					
Business, Trade, or Technical					
College or University					
Other Education					

MILITARY

MILITARY SERVICE (Describe any experience and/or education you had in the military that relates to work you might do for the Company)

Do you qualify as a "veteran" of the Vietnam era? Yes No (Definition of "veteran" is having served more than 180 days active duty during the period August 5, 1964 through May 7, 1975 with honorable or disability discharge.)

REFERENCES

TWO REFERENCES (Other than relatives)

Full Name _____ Address _____ Telephone _____

Full Name _____ Address _____ Telephone _____

GENERAL

Position(s) Applied for _____ Salary Desired _____ Date you can start work _____

Do you have any relatives or friends employed by WC? _____ Are you under the age of 18 years old? _____

Did you apply for a job with the Company before? _____ If so, When? _____ Who referred you to the Company? _____

Have you been convicted of a felony within the last 7 years? (if yes, explain)

WORK RECORD (Fill out for all previous and present jobs (start with the most recent), including previous jobs with WCI and military service. Show periods of unemployment and reasons you were unemployed. Leave no gaps in the time sequence. Use additional sheets if necessary. Attach any additional information which you feel might be helpful or a copy of your resume if you have one.):

1. Company 2. Company Address	Immediate Supervisor & Title	Date (Month & Year) From - To	1. Position 2. Duties	Salary	Reason for Termination
1.			1.		
2.			2.		
1.			1.		
2.			2.		
1.			1.		
2.			2.		
1.			1.		
2.			2.		
1.			1.		
2.			2.		

DO NOT WRITE IN THIS SPACE

Interviewer Notes: _____

 Interviewer Signature: _____ Title: _____

Applicant's Certification and Agreement

I understand that the employer follows an employment-at-will policy, and I understand that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove authorization. I understand that no company representative has the authority to make any oral or written presentation to the contrary. I certify that all statements are true and complete to the best of my knowledge. In the event that I am employed, I understand that false or misleading information given in my application or during interview(s) shall constitute sufficient grounds for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision.

Applicant's Signature _____ **Date** _____