



PHILLIPS CONTRACTING CO., INC.

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EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Position Applying For _____

PERSONAL INFORMATION:

Date _____ Date Available _____

Full Time Part Time

Referral Source: _____

Full Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

Email Address: _____

Have you ever been convicted of or charged with a felony or misdemeanor: Yes No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Have you ever been employed with us before? Yes No

Can you travel if a job requires it? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

EDUCATION:

Schools/Colleges Attended:

	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

APPLICANTS STATEMENT:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Phillips Contracting Co., Inc, to investigate any statement contained in this application, as necessary to determine my qualifications. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Phillips Contracting Co., Inc.

Signed: _____

Date: _____

FOR PERSONNEL USE ONLY:

Arrange Interview: Yes No Date: _____ Place: _____

Remarks: _____

Approved: Yes No Date: _____

By: _____

EMPLOYMENT DATA RECORD:

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name : _____

Address : _____

City, State, Zip : _____

Social Security No. : _____

Current Job : _____

Check One: Male Female

Check One of the Following: (Ethnic Origin) White Hispanic Black
 American Indian/Alaskan Native Asian/Pacific Islander Other

Check If Any of the Following are Applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped Individual

Birthdate: _____