

ELLIOTT CUSTOM HOMES JOB APPLICATION

Personal Information

Name _____ SS# _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Referred By _____ Salary desired _____
Are you employed? _____ Can we contact your employer? _____ Start date _____
Have you ever applied to this company before? _____ Where _____ When _____
Do you have a valid driver's license? _____ What state is it valid in? _____
Do you have a valid CDLC license? _____ Position Requested: _____

Education History

High School _____ Location _____ Did you graduate? _____
College _____ Location _____ Did you graduate? _____
Subjects studied _____
Trade, Business, or Correspondence School _____
Location _____ Did you graduate? _____
Subjects studied _____

General Information

Special study/ research _____
Work/ special training _____
US Naval or Military Service _____ Rank _____

Former Employers (list last four employers, starting with the last one first)

1. Date (month/ year): To _____ From _____ Position _____
Name of employer _____ Phone # _____
Address _____ Salary _____
Reason for leaving _____.

2. Date (month/ year): To _____ From _____ Position _____
Name of employer _____ Phone # _____
Address _____ Salary _____
Reason for leaving _____

3. Date (month/ year): To _____ From _____ Position _____
Name of employer _____ Phone # _____
Address _____ Salary _____
Reason for leaving _____

4. Date (month/ year): To _____ From _____ Position _____
Name of employer _____ Phone # _____
Address _____ Salary _____
Reason for leaving _____

References

Name _____
Relation _____ Phone # _____

Name _____
Relation _____ Phone # _____

Name _____
Relation _____ Phone # _____

By submitting this application, you certify that the information contained in this application is 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 verification 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 writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal state laws.

EOE. Equal Opportunity Employer.

Signature _____ Date _____

Please Mail Application to:

ECH Builders
ATTN: Employment
P.O. Box 6376
Nashua, NH 03063

Please Fax Application to:

603-883-9502
ATTN: Employment