

**EMPLOYMENT APPLICATION**

**Golden Triangle Construction, Inc.**  
**An Equal Opportunity Employer**

*Applicants are considered for all positions. Applicants and employees are considered and treated equally, without regard to race, religion, sex, national origin, age, marital status, veteran status, medical condition or disability, or any other legally protected status.*

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**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip  
From: \_\_\_\_\_ To: \_\_\_\_\_

Are you legally authorized to work in the US? \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Regular Full Time \_\_\_\_\_ Regular Part Time \_\_\_\_\_ Temporary Full Time \_\_\_\_\_ Temporary Part Time \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Why are you the best candidate for the job? \_\_\_\_\_

**PHYSICAL REQUIREMENTS:**

The following are some of the physical requirements of field positions. If you are applying for a field position, can you perform these essential functions with or without accommodations?

	Yes	No		Yes	No
Standing 8 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Pushing 25 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling 4 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Pulling 25 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Squatting 4 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Lifting 35 lbs repeatedly	<input type="checkbox"/>	<input type="checkbox"/>
Climbing, including ladder 4 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Lifting 50 lbs intermittently	<input type="checkbox"/>	<input type="checkbox"/>
Sitting 2 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Carrying 35 lbs repeatedly	<input type="checkbox"/>	<input type="checkbox"/>
Crawling 4 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Carrying 50 lbs intermittently	<input type="checkbox"/>	<input type="checkbox"/>
Walking on uneven ground 8 hours/day	<input type="checkbox"/>	<input type="checkbox"/>	Pinching/gripping	<input type="checkbox"/>	<input type="checkbox"/>
Work in adverse weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	Reaching over head	<input type="checkbox"/>	<input type="checkbox"/>
			Reaching away from body	<input type="checkbox"/>	<input type="checkbox"/>

<b>EDUCATION:</b>	<b>Name &amp; Location Of School</b>	<b># of Years Attended</b>	<b>Did you Graduate</b>	<b>Subjects Studied</b>
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HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

TRADE OR \_\_\_\_\_

BUSINESS: \_\_\_\_\_

**GENERAL:**

Relevant Certifications, memberships, or awards: \_\_\_\_\_

Military Service: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

**FORMER EMPLOYERS:**

**(List last four, starting with most recent)**

From (month and year): \_\_\_\_\_ To (month and year): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address and Phone No.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From (month and year): \_\_\_\_\_ To (month and year): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address and Phone No.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From (month and year): \_\_\_\_\_ To (month and year): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address and Phone No.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:**

(List three people, not related to you, whom you have known at least one year)

<u>Name/Address/Phone #</u>	<u>Years Known</u>
1) _____	_____
2) _____	_____
3) _____	_____