



Fisher Construction Group, Inc.
 Main: 360.757.4094
 Fax: 360.757.4005
 625 Fisher Lane
 Burlington, Washington 98233
 www.fisherpci.com

APPLICATION FOR EMPLOYMENT

Position: _____ Date of Application: _____

First Name	M. Initial	Last Name		
Street Address	City	State	Zip	SS#
Phone (Home)		Phone (work)		

Are you known to schools/references by another name? No Yes Name: _____

Are you able to work: Full Time? Part Time?

Do you have relatives employed by Fisher Construction Group? No Yes

If yes, name of relative: _____ Relationship: _____

Do you possess a valid driver's license? No Yes License Number _____ State _____

Have you ever been convicted of a felony or served time in prison during the last 7 years? No Yes

If yes, explain each conviction on an attached sheet and include date, charge, place. (A conviction is not an automatic bar to employment. Each case is considered separately.)

After reviewing the essential functions from the job description, are you able to perform them with or without reasonable accommodation? No Yes

EDUCATION

Name of High School Attended	City	State	Graduated?	G.E.D.?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College – Names of Colleges or Universities	Major	Dates Attended	Degree	
List any vocational or on-the job training you have completed that would be useful in this position.				
List any licenses you hold which are necessary or useful in this position.				

Please give name, address and telephone number of three references not related to you.

EMPLOYMENT HISTORY

Start with you present or last job first and work backward. Include military service and periods of unemployment of 3 months or more. Be as complete as possible in outlining the duties of each position.

Employed by:	Duties:
Address:	
City State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone No.: ()	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone No.: ()	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City State:	
Your job title:	

