



Please Return To:
 Email: sw@fishercgi.com
 or Fax: 360.757.3159

APPLICATION FOR EMPLOYMENT

Position: _____ Date of Application: _____

First Name	M. Initial	Last Name	
Street Address	City	State	Zip
Phone		Email	

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 _____

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 List three work references:

Name	Phone Number	How do you know this reference?

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:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

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

Employed by:	Duties:
Address:	
City State:	

Your job title:	
Supervisor's Name Title:	
Supervisor's Phone No.: ()	
Employed From: To:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

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

Attach supplemental sheets, if needed.

<p>AUTHORIZATION</p> <ul style="list-style-type: none"> • I authorize Fisher Construction Group, Inc. Fisher Companies, Inc. at the time of my application for employment and during the course of employment to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed. • I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligibility list, or if I have been hired, cause my dismissal from Fisher Construction Group, Inc. Fisher Companies, Inc. I understand that all statements made on this application may be investigated. • Federal Law requires anyone employed by Fisher Construction Group, Inc. Fisher Companies, Inc. to present proof of identity and proof of authorization to work in the United States. I understand that I must be able to prove this authorization. • I understand that any offer of employment is contingent upon my agreeing to submit to and obtain satisfactory results from a pre-employment urine drug screen. <p>Date: _____</p> <p>Signature: _____</p>
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