



ALLSTATE CONSTRUCTION, INC.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin.

PERSONAL INFORMATION

DATE SOCIAL SECURITY NUMBER

NAME

Last First Middle

PRESENT ADDRESS

Street City State Zip

PERMANENT ADDRESS

Street City State Zip

PHONE NO.

HEIGHT

WEIGHT

State Names of Acquaintances

Already Employed by Allstate

Referred by

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

Are you Employed Now?

If so, may we inquire of your present employer?

Where?

When?

EDUCATION	Circle	Subjects Studied
Name and Location of School	Last year Completed	Did You Graduate and Degree(s) received
Grammar School		
High School	1 2 3 4	Yes No
College	1 2 3 4	Yes
Trade Business, or. Correspondence School	1 2 3 4	Yes No
Subjects of Special Study or Research Work		
What Foreign Languages do you speak fluently?		
Read		Write
Activities Other Than Religious (Civic, Athletic, etc.)		
(Exclude organizations, the name or character of which indicates the race creed, color or national origin of its members.)		

FORMER EMPLOYERS

List Below Last Four Employers, Starting With Last One First

DATE MON & YR	NAME AND ADDRESS OF EMPLOYER	SALARY	TASKS PERFORMED	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

EXPERIENCE

RATE YOUR EXPERIENCE ON THE FOLLOWING ITEMS

HEAVY EQUIPMENT NEVER POOR GOOD EXCELLENT

SKID STEER LOADER

CASE 580

CAT #12 ROAD GRADER

CAT 955 TRACK LOADER

CAT 225 BACKHOE

HAND SHOVEL PIPELAYER

DUMP TRUCK

BELLY DUMP

TRANSPORT-MOVE EQUIP

GENERAL LABOR

MECHANIC

WELDER

CEMENT FLATWORK

FORMS

CARPENTER

ELECTRICIAN

CONSCIENCIOUSNESS

SHOW UP FOR WORK ON TIME

WILLING TO WORK OVERTIME

REFERENCES List 3 persons not related to you, whom you have known at least one year.

Name ADDRESS BUSINESS YEARS KNOWN

1)

2)

3)

PHYSICAL RECORD Do you have any physical condition which may limit your ability to perform the job applies for:?

IN CASE OF EMERGENCY

NAME

ADDRESS

PHONE NUMBER

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE

SIGNATURE
