A picture containing drawing

Description automatically generated

Position Applied for:  Date of Application: 

How did you hear about us: Advertisement Employment Agency Friend Relative

Inquiry Other If other, please explain: 

Full Name:  Social Security Number: 

Address:  City:  State:  Zip Code: 

Cell Phone:  Alternative Phone:  Best time to contact you: 

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: 

Have you ever been employed with us before? Yes No

If Yes, give date: 

Do any of your friends r relatives work here? Yes No

If Yes, state name(s) and relationship: 

Are you currently employed? Yes No

Are you prevented form lawfully becoming employed in this Country because of a Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Date available to work :  What is your desired salary range?: 

Are you available to work: Full Time

Part Time (Please indicate preferred hours )

Temporary (Please indicate dates available )

Are you currently on “lay-off” status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Do you have legal ownership of a United States Driver’s License? Yes No

Driver’s License No.  *Copy to be held in file.*

Driver’s License Restrictions/Violations/Accident Record (within the past 5 years) Yes No

If Yes, please explain:



Have you been convicted of a crime (other than a minor traffic offense) in the past 7 years? Yes No

*A conviction does not necessarily disqualify an applicant from employment.* If Yes, give details including the nature of the offense, date of conviction and jurisdiction: 

*Applicant does not have to list criminal convictions that have been expunged.*

**Education:**

Name and Address of School Course of Study Diploma/Degree

High School   

Undergraduate College   

Graduate/Professional College   

Other (Specify)   

**Work Experience:**

**Registration/Certification** (List the State, Reg./Cert. No. and Expiration Date, i.e. IL 062-000000-01/2000)

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Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:  Dates Employed: Work Performed:

Address:  To:  From: 

Phone Number:  Starting Title:  Supervisor: 

Reason for Leaving:  May We Contact: Yes No

Employer:  Dates Employed: Work Performed:

Address:  To:  From: 

Phone Number:  Starting Title:  Supervisor: 

Reason for Leaving:  May We Contact: Yes No

Employer:  Dates Employed: Work Performed:

Address:  To:  From: 

Phone Number:  Starting Title:  Supervisor: 

Reason for Leaving:  May We Contact: Yes No

Employer:  Dates Employed: Work Performed:

Address:  To:  From: 

Phone Number:  Starting Title:  Supervisor: 

Reason for Leaving:  May We Contact: Yes No

**Comments:** Please explain any gaps in employment:



**Additional Information:**

Other qualifications: please summarize special job-related skills and qualifications acquired from employment or other experience:



**Personal/Professional References:**  Do not include family members.

Name: Phone Number: Best Time to Call: Occupation:

1)   

2)   

3)   

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

**APPLICANT’S STATEMENT**

1) I certify that answers given herein are true and complete. Any misrepresentation or omission of any fact in my application, resume, or any other material, or during any interviews, can be justification for refusal of employment, or termination from Chastain & Associates LLC. I understand, also, that I am required to abide by all rules and regulations of the employer.

2) Any offer of employment I may receive from Chastain & Associates LLC is contingent upon my successful completion of the company’s total pre-employment screening process, including the Company’s receiving references that it considers satisfactory and my completion of any post-offer pre-employment physical examination that the Company may require.

3) I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Chastain & Associates LLC.

4) I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, if any, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I authorize investigation of all statements made in the employment process, including but not limited to, statements contained in this application for employment as may be necessary in arriving at an employment decision.

5) I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that Employee may resign at any time and the Company may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

6) In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

7) I agree that any lawsuit or claim relating to my employment with Chastain & Associates LLC must be filed within 6 months after the date of the employment action that is the subject of the lawsuit or claim. I waive any statute of limitations to the contrary.

**Signature of Applicant:**  **Date:** 

Please save a copy of your completed application and email it to [Webmail@Chastainengineers.com](mailto:Webmail@Chastainengineers.com)