



QUALITY SINCE 1958

Callas Contractors, Inc

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10549 Downsville Pike
Hagerstown, MD 21740
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Fax 301.739.7065

Winchester Office
158 Front Royal Pike Suite 106
Winchester, VA 22602
Tel. 301.739.8400
Fax 540.545.8139

Employment Application

Applications are considered for all positions without regard to race, color, religion, national origin, age, marital or veteran status or in the presence of a non-related medical condition or disability.

Name:

Date:

Address:

Phone Number:

City, State, Zip Code:

Cell Phone Number:

Are you a US Citizen? Yes [] No []

Position:

Date you can start: Salary Desired:

Are you currently employed?

If so, may we contact your current employer?

Employment Experience

Please start with your present or last job. Include military assignments and other volunteer activities. Please account for all periods of unemployment.

EMPLOYER

Form for Employer 1 with fields: Name of employer, Address, City, State, Zip, Telephone number, Supervisors name, Position and duties, Date of employment, Reason for leaving.

Form for Employer 2 with fields: Name of employer, Address, City, State, Zip, Telephone number, Supervisors name, Position and duties, Date of employment, Reason for leaving.

Form for Employer 3 with fields: Name of employer, Address, City, State, Zip, Telephone number, Supervisors name, Position and duties, Date of employment, Reason for leaving.

Name of employer:	
Address:	City, State, Zip:
Telephone number:	Supervisors name:
Position and duties:	
Date of employment:	Reason for leaving

Education

Schools/Colleges Attended	# Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any special qualifications you may have for this job:

Are you a veteran of the US Military? Yes No

References

Please give the names of three persons not related to you, who you have known at least one year.

Name: _____	Telephone number: _____
Address: _____	City, State, Zip: _____
Number of years acquainted: _____	

Name: _____	Telephone number: _____
Address: _____	City, State, Zip: _____
Number of years acquainted: _____	

Name: _____	Telephone number: _____
Address: _____	City, State, Zip: _____
Number of years acquainted: _____	

Please read and initial each paragraph, then sign below:

_____ Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.

_____ If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of Callas Contractors, Inc.

_____ My employment is not guaranteed for any term and my employment may be terminated by the company or myself for any reason.

_____ No management official is authorized to make any oral assurance or promise of continued employment.

_____ I permit Callas Contractors, Inc. to examine my references, record of employment, education record and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experience with them, without giving me prior notice of such disclosure. In addition I release Callas Contractors, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Signature

Date