



BRENNAN

COMPANIES

Building Together

APPLICATION FOR EMPLOYMENT

Name: _____ Phone: _____ Email: _____

Address: _____

Position Applying For: _____

Are you 18 years old or older? Yes No

Do you have a valid Driver's License? Yes No

EMPLOYMENT HISTORY:

1) Name of Present or Past Employer: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for Leaving:

May we contact this employer? Yes No

2) Name of Previous Employer: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for Leaving:

May we contact this employer? Yes No

3) Name of Previous Employer: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for Leaving:

May we contact this employer? Yes No

REFERENCES:

Below, give the names of 3 persons you are not related to, whom you have known at least 1 year.

1) Name: _____ Years Acquainted: _____

Address: _____

Business/Relationship: _____

Phone: _____ Email: _____

2) Name: _____ Years Acquainted: _____

Address: _____

Business/Relationship: _____

Phone: _____ Email: _____

3) Name: _____ Years Acquainted: _____

Address: _____

Business/Relationship: _____

Phone: _____ Email: _____

ADDITIONAL:

Please list any additional information (Certifications, skills, etc.) which you would like Brennan Companies to consider:

Is there anything that would stop you from fulfilling the duties of the role you are applying for? (ie. Fear of heights)

APPLICATION STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and profession), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview, I hereby waive any and all right and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations and organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. After that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any special period or definite duration. I understand that no supervisor or representative of the employers is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

Signature: _____

Date: _____