



**BRANCO**  
Enterprises, Inc.  
General Contractors

# APPLICATION FOR EMPLOYMENT

WWW.BRANCO.COM P.O. BOX 459 NEOSHO MO 64850

POSITION APPLIED FOR

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE			

ARE YOU AT LEAST 18 YEARS OF AGE?	HAVE YOU EVER APPLIED WITH US BEFORE? IF YES, WHEN?
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?
ARE YOU CURRENTLY ON LAYOFF STATUS?	WHEN ARE YOU AVAILABLE FOR WORK?
DO YOU HAVE A COMMERCIAL DRIVERS LICENSE?	CAN YOU TRAVEL IF THE JOB REQUIRES IT?
DO YOU AGREE TO SUBMIT TO DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT?	
ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? IF YES, PLEASE EXPLAIN	

EDUCATION	ELEMENTARY				HIGH SCHOOL				COLLEGE/UNIVERSITY				
	4	5	6	7	8	1	2	3	4	1	2	3	4
YEARS COMPLETED													
NAME/LOCATION OF SCHOOL													
COURSE OF STUDY AND DEGREES EARNED													
PLEASE LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE													

## LIST SPECIAL SKILLS, QUALIFICATIONS, AND CERTIFICATIONS YOU POSSESS


We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

### EMPLOYMENT EXPERIENCE

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE	SUPERVISOR	STARTING	
REASON FOR LEAVING			

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ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
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JOB TITLE	SUPERVISOR	STARTING	
REASON FOR LEAVING			

### PERSONAL REFERENCES

GIVE THE NAME, ADDRESS AND TELEPHONE NUMBERS OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS

1
2
3

### APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT 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.

APPLICANT SIGNATURE	DATE
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# AFFIRMATIVE ACTION VOLUNTARY INFORMATION

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete the applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran, status or any other legally protected status.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## REFERRAL SOURCE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-In                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement - Source _____ |   | <input type="checkbox"/> Other _____               |

## APPLICANT INFORMATION

Name \_\_\_\_\_, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Phone  
Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

## PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Black or African American       | <input type="checkbox"/> Hispanic or Latino (all other races) | <input type="checkbox"/> American Indian/Alaskan Native   |
| <input type="checkbox"/> Hispanic or Latino (white race) | <input type="checkbox"/> Asian                                | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White                           |   |   |

## SPECIAL NOTICE

### To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject of the Vietnam era readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment

If you so wish to be identified, please check if any of the following are applicable:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vietnam Era Veteran<br>(served between 1964-1975)   | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Individual with a disability |
| <input type="checkbox"/> Other Eligible Veteran<br>(served active duty in the military during a war or a campaign for which a campaign badge was authorized) |   |   |

