



GOHRES CONSTRUCTION CO., INC.

10409 Pacific Palisades Ave., Las Vegas, Nevada 89144

OFFICE (702) 768-8598 * FAX (702) 646-5624
Internet - <http://GohresCompanies.com>

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For : _____ Date of Application : _____

How Did You Learn About Us? : _____

Last Name : _____ First Name : _____ Middle Initial : _____
 Address : _____
 City : _____ State : _____ Zip : _____
 Telephone Number(s) : _____
 Social Security # : _____ - _____ - _____ Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? If Yes, give date YES NO

Have you ever been employed with us before? If Yes, give date YES NO

Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location. YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

(Proof of citizenship or immigration status will be required upon employment.)

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you available to work:: Full Time (Please indicate shift 1 2 3)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____ / _____ - _____ / _____)

Are you currently on "lay-off" status and subject to recall? YES NO

Do you have a car or truck? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address	Course of Study	Years Completed	Diploma / Degrees
High School				
Undergraduate				
College				
Graduate / Trade				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service 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	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information.

Other Qualifications summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills. State any additional information you feel may be helpful to us in considering your application.

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

Personal references:

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the Employee may resign at any time and the Employer 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 an authorized executive of this organization specifically acknowledges such change in writing.

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.

SIGNATURE OF APPLICANT

DATE