

APPLICATION FOR EMPLOYMENT



7500 Memorial Parkway SW, Suite 209
 HUNTSVILLE, ALABAMA 35802
 (256) 539-1221
www.4siteinc.biz

APPLICANT'S NAME: LAST		FIRST	MIDDLE
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? IF YES, PLEASE STATE:			
PERMANENT ADDRESS: STREET ADDRESS		CITY	STATE ZIP CODE
TELEPHONE: (WORK)	TELEPHONE: (HOME)	ALTERNATE TELEPHONE:	
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION (MOST RECENT FIRST) HIGH SCHOOL, JUNIOR COLLEGE, UNIVERSITY, VOCATIONAL INSTITUTE			
NAME AND LOCATION (City and State) OF SCHOOL	DATES ATTENDED	GRADUATED	DEGREE OR MAJOR COURSES
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
HONORS, AWARDS OR PUBLICATIONS:			
IF YOU ARE APPLYING FOR A DRIVING POSITION, DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU 18 YEARS OF AGE OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU AVAILABLE TO WORK: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Overtime <input type="checkbox"/> Extended Hours <input type="checkbox"/> Weekends <input type="checkbox"/>			
HOW DID YOU LEARN OF THIS POSITION OPENING?: Employment Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> List Ad: 4Site Website <input type="checkbox"/> Employee Referral <input type="checkbox"/> Provide Employee's Name: Other <input type="checkbox"/> Please List Other:			
COMPUTER SKILLS Mark all that apply and indicate the number of years of experience for each:			
ACAD <input type="checkbox"/>	Arcview <input type="checkbox"/>	Autodesk SSA <input type="checkbox"/>	Civil 3D <input type="checkbox"/> LandFX <input type="checkbox"/> Lumion <input type="checkbox"/>
Illustrator <input type="checkbox"/>	InDesign <input type="checkbox"/>	Photoshop <input type="checkbox"/>	PowerPoint <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/>
SPECIFIC CAD EXPERIENCE (Use the space below to describe the nature of your CAD experience if any, i.e. producing topographic surveys, details, site plans, subdivision plans, renderings, presentation drawings, etc.): _____ _____ _____			
OTHER SPECIFIC SOFTWARE EXPERIENCE OR COMPUTER SKILLS (Use the space below to list other software and/or computer skills you feel are relevant to this position): _____ _____ _____			

REFERENCES

LIST THREE PROFESSIONAL ASSOCIATES (NOT INCLUDING RELATIVES OR PERSONAL FRIENDS) WHO HAVE KNOWLEDGE OF YOUR PROFESSIONAL TRAINING, EXPERIENCE AND CAPABILITIES.

NAME	ADDRESS	TELEPHONE	AFFILIATION

EMPLOYMENT RECORD

LIST ALL EMPLOYMENT STARTING WITH PRESENT POSITION. SHOW ALL PERIODS OF UNEMPLOYMENT. EMPLOYMENT RECORD *MUST* BE COMPLETED, EVEN IF SUPPLEMENTED BY RESUME. ATTACH ADDITIONAL SHEET IF NECESSARY.

CURRENT OR MOST RECENT EMPLOYER:	TELEPHONE NUMBER:
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ADDRESS:

PERIOD (MONTH/YEAR): FROM TO	IMMEDIATE SUPERVISOR:
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CURRENT SALARY: \$ PER	TITLE:
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DUTIES:

REASON FOR LEAVING (IF APPLICABLE):

NAME OF EMPLOYER:	TELEPHONE NUMBER:
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ADDRESS:

PERIOD (MONTH/YEAR): FROM TO	IMMEDIATE SUPERVISOR:
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CURRENT SALARY: \$ PER	TITLE:
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DUTIES:

REASON FOR LEAVING (IF APPLICABLE):

NAME OF EMPLOYER:	TELEPHONE NUMBER:
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ADDRESS:

PERIOD (MONTH/YEAR): FROM TO	IMMEDIATE SUPERVISOR:
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CURRENT SALARY: \$ PER	TITLE:
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DUTIES:

REASON FOR LEAVING (IF APPLICABLE):

I certify that the information I have provided to the foregoing questions is true and complete to the best of my knowledge, and that any misrepresentation, falsification, or omission, herein, shall be sufficient reason for dismissal from, or refusal of, employment. Except as may be otherwise indicated below, I authorize 4Site, Inc. to investigate and verify such information and to contact any reference given by me.

4Site, Inc. does not require pre-employment examinations. However, I agree to submit to a physical examination and/or drug test if and when requested by the Company after I have accepted an offer of employment. I understand that I may forfeit worker's compensation benefits if I test positive for a drug test after a work related accident as permitted by applicable state law.

If offered employment and I accept, this employment application becomes part of the terms and conditions of my employment. If employment is obtained under this application, I will comply with all rules and regulations of the Company as set forth in the Policies and Procedures. I understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. Further, I understand and agree that if hired, my employment with 4Site will be at-will, which means both the employee and the employer have a right to terminate the employment relationship at will, with or without cause, at any time.

Signature of Applicant _____ Date _____