



Alter Construction

SUBCONTRACTOR FORM

CONTACT INFORMATION			Date: / /
Last Name	First Name	M.I.	
Street		SS#	
City	State	Zip	
Phone	Cell Phone	Email	
Position		Desired Wage	Available Start Date
Driver's License Number		State of Issue	Expiration Date
Emergency Contact		Relationship	Phone
Are you willing to travel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you carry your own General Liability Insurance policy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you over 18 years of age? If no, list age:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a United States citizen? If no, are you authorized to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to submit to a background check and/or drug screening?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you ever terminated or asked to resign?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you ever convicted of a felony? If yes to either, explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

PREVIOUS EMPLOYMENT		
Company	Phone	Okay to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Supervisor	
Position Title	Wage	
From: To:	Reason for Leaving	
Responsibilities		

EDUCATION					
School	Location	From:	To:	Graduated?	Degree
		From:	To:		
Other training, certifications, or licenses held:					

ACKNOWLEDGMENT AND SIGNATURE	
I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.	
Signature	Date: / /