



# ILEX APPLICATION FOR EMPLOYMENT

REVISED FEBRUARY 27, 2016

ILEX IS AN EQUAL OPPORTUNITY EMPLOYER

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

PLEASE PRINT

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

**EMPLOYMENT POSITION:**

Position(s) Applying For: \_\_\_\_\_

Work Location(s):  Easton, MD  Northern Virginia Area  Washington, DC  Charlottesville, VA

Can you travel if a job requires it?  yes;  no

Are you currently employed?  yes;  no If yes, may we contact your employer?  yes;  no

Are you currently on "lay-off" status and subject to recall?  yes;  no

What date will you be available for work? \_\_\_\_\_

Are you available to work:  full time;  part time;  temporary

If you are under 18 years of age, can you provide required proof of your eligibility to work?  yes;  no

Have you ever been employed with us before?  yes;  no If yes, give date: \_\_\_\_\_

Have you ever filed an application with us before?  yes;  no If yes, give date: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  yes;  no If yes, please explain on back of this page.

*Conviction will not necessarily disqualify applicant from employment.*

**EDUCATION:**

	School Name & City	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				



**EMPLOYMENT EXPERIENCE:** *Start with most recent job, then work back. Include any military service assignments and volunteer activities that relate to the position(s) for this job application. You may exclude organization that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ | Hourly Rate/Salary: Starting \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ | Hourly Rate/Salary: Starting \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ | Hourly Rate/Salary: Starting \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ | Hourly Rate/Salary: Starting \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ADDITIONAL INFORMATION:**

1. Please summarize other job related skills and qualifications acquired from previous employment or other experience:

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2. Computer Specialized Skills: Please check skill level using: **M** = mastered; **P** = proficient; **F** = familiar; **O** = occasional; **X** = no knowledge

<input type="checkbox"/> StarBuilder / Timberline	<input type="checkbox"/> Excel	<input type="checkbox"/> ProCore
<input type="checkbox"/> Chameleon	<input type="checkbox"/> Word	<input type="checkbox"/> MS Project

3. Construction Specialized Skills: Please state equipment and skills you have mastered or are proficient in executing if not previously noted on Employment Experience above:

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4. State any additional information you feel may be helpful in considering your application:

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**REFERENCES:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

# ILEX

## APPLICANT'S STATEMENT

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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.

This application for employment shall be considered active for a period of time not to exceed 90 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 or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 including pre-employment drug screening requirements, criminal background searches, and driving record searches.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In the event of an emergency, please list a contact for us to notify:

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Day-Time Phone #

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Acknowledged: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date