

Damar Construction Services, Inc.  
PO Box 338  
Deer Park, TX 77536  
281-478-5066

## Employment Application

### Basic Information

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Date: \_\_\_\_\_ Position: \_\_\_\_\_

### Basic Skills/ Certifications, etc

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Do you have a TWIC Card? \_\_\_\_\_  
Do you have a valid Driver's License? \_\_\_\_\_  
Do you have Basic/Basic Plus Certification? \_\_\_\_\_

### Additional Information:

Type of pay requesting: \_\_\_\_\_  
Are you available for full time work? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by Damar Construction Services, Inc. and hereby give my consent to Damar Construction Services, Inc. to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that Damar Construction Services, Inc. may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Damar Construction Services, Inc. may terminate my employment at any time, with or without notice or reason.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

### Job Information

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Number of dependants you are claiming \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Sign** \_\_\_\_\_

**Date** \_\_\_\_\_

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## EMPLOYEE HISTORY FORM

Please complete this form and list your current employer first.

### Personal Information

Last Name: _____	First Name: _____	Middle Name: _____
Home Address: _____		
City: _____	State: _____	Zip: _____

### Work History

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip: _____
Name of Supervisor: _____	Phone: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Start Date: _____	End Date: _____
Description of Duties: _____	
Reason for Leaving: _____	

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip: _____
Name of Supervisor: _____	Phone: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Start Date: _____	End Date: _____
Description of Duties: _____	
Reason for Leaving: _____	

Employer: _____	Company Phone: _____
Address: _____	City/State/Zip: _____
Name of Supervisor: _____	Phone: _____
Position Held: _____	If supervisory, number of employees you supervised: _____
Start Date: _____	End Date: _____
Description of Duties: _____	
Reason for Leaving: _____	

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**EMPLOYEE AGREEMENT & CONSENT TO DRUG & ALCOHOL TESTING :**

I hereby agree, upon a request made under the drug/alcohol policy of Damar Construction Services, Inc., to submit to a Pre-Employment drug and/or alcohol test.

I also understand that as an employee of Damar Construction Services, Inc. that I am included in the Random drug and/or alcohol testing pool and will also be given drug and/or alcohol tests in the case of an Accident (Post-Accident) and/or at any time for Reasonable Cause.

I also hereby agree and give my consent for Damar Construction Services, Inc. to release the results of my drug and alcohol testing to any and all of its customers.

***Employee Signature***

***Date***

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

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**APPLICANT CONSENT FORM & SPECIFIC RELEASE**

Please Print and Have Signed

In consideration of **Damar Construction Services, Inc.** review of my credentials, I hereby voluntarily consent to and authorize **Damar Construction Services, Inc.**, or its authorized agents bearing the release or copy thereof, to obtain a consumer report. I agree that this consumer report may include any of the following:

\*Current Employment Verification, Past Employment Verification

\*Education Verification, Credentials Verification, Reference Checks

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **Damar Construction Services, Inc.** or its authorized agents. I hereby release **Damar Construction Services, Inc.**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Home Address

\_\_\_\_\_  
City, State Zip Code