

Beltran Group
860 Kastrin St.
El Paso, Texas 79907
(915) 599-8777

Date: _____

Employment Application

Qualified applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital Status, Veteran Status or the presence of a Non-Job Related Medical Condition or Handicap.

Personal Status:

Name: _____ DOB: _____

_____ Phone # _____
Street Address (List P.O Box if Applicable) City, State, and Zip Code

If you are not a U.S Citizen, please indicate what authorization you have to be eligible for employment and authorization number:

_____ Authorization Type _____ Authorization Number _____

Do you have a **Valid** Driver's License? _____ State and License Number _____

Do you have your **own Reliable Transportation**? _____ Are you currently a resident of a Halfway Home: _____

If you are currently a resident of a Halfway Home or other State Facility please indicate Name, Location & Contact Information below:

Employment Desired:

Position Applying For: _____ Salary Desired: _____ Are you currently Employed: _____

Have you ever been employed by Beltran Group? _____ If So When? _____ Position Held: _____

Do you have any special skills for position applying for? _____ Do you have any Certifications or Licenses: _____

Please describe special skills, Licenses or Certifications: _____

If hired, you will be required to work overtime, weekends and applicable Holidays. Do you agree to this work schedule? _____

Do you have any physical or mental limitations which would hinder your performance? _____ Please explain below:

Have you ever had a work related injury within the last 5 yrs? Yes No Type of Injury? _____

How long were you out for your injury? _____ Were you medically released? Yes No When? _____

Are there any limitations that will keep you from working in the Construction field? Yes No

If so please explain: _____

Are you currently on Probation or Parole? Yes/No Please Explain _____

Do You Currently have Legal Issues Pending? Yes/No Please Explain _____

Education:

Are you a: High School Graduate GED Recipient School Attended: _____

Trade, Business or Apprentice School: _____ Did you complete course? _____

Subject Studied: _____

Previous Employment:

Please list previous employment starting with most recent:

Name: _____ Location: _____

Position: _____ From: _____ To: _____

Reason for Leaving: _____

Name: _____ Location: _____

Position: _____ From: _____ To: _____

Reason for Leaving: _____

Personal References:

Name: _____ Address: _____

Telephone #: _____ Relationship: _____ Yrs. Known: _____

Name: _____ Address: _____

Telephone #: _____ Relationship: _____ Yrs. Known: _____

In case of emergency who do we notify? _____

Phone #: _____ Relationship: _____

Have you ever been convicted of a criminal offence? Yes No If yes give details:

I declare that I understand that this is an application for a position only and does not imply any promises of employment on behalf of the Company. I the undersigned applicant hereby declare that all of the information on this Application Employment Form is accurate and true and I understand that any falsehood or omission on my part may be grounds for future dismissal from the position or withdrawal of an offer of employment. I furthermore acknowledge that it is the policy of this company that failure to report an accident on the same day will be grounds for immediate termination.

Signature: _____

Date: _____

Required Tools:

Please indicate which tools you currently have:

Carpenter Hammer Hardhat Safety Glasses Wire Pliers Back Brace Crescent Wrench

Body Harness Measuring Tape Steel Toe Boots Safety Vest

THESE TOOLS ARE REQUIRED PRIOR TO YOU STARTING WORK!