



Punch Out Specialist Team

1818 New York Avenue, N.E., Washington DC 20002
 Office (202) 526-4250 Fax (202) 526-4279

Application for Employment

POST Construction is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, origin status as a veteran or qualified disabled person, or on any other basis prohibited by applicable laws.

POST request pre-employment background checks and drug testing in conjunction with all job offers. All employees are subject to random drug testing

PERSONAL (please print)	
Name of applicant (First name, middle initial, last name)	Today's Date
Street Address	Birth Date
City, State, Zip	E-mail
How were you referred to P.O.S.T.	Home telephone
Are you legally authorized to work in the United States without limitation or restriction?	Business telephone
Position applying for :	Cell phone
Are you 18 or older ?	Social Security #
If not, birth date:	Desired Salary
Are you related to anyone at P.O.S.T ?	Date Available
If yes, who?	
Have you applied for employment with P.O.S.T. Before? If yes, date(s), location(s) and position(s)	Human Resources Only
Have you worked for P.O.S.T. Before? If yes, date(s), location(s) and position(s)	Full-Time Part-Time Temporary
EDUCATION (please print)	
Names & Locations of School	Dates Attended
Names & Locations of School	Dates Attended
Did you Graduate ?	Yes or No
Major /Minor Field of Study	Type of Degree
	Type of Degree

Professional References (please print and sign release at the bottom of page)

Supervisors Name and Title	Relationship to you	
Company		
Phone Number	Occupation	
When did you work for this person?	From:	To:
Supervisors Name and Title	Relationship to you	
Company		
Phone Number	Occupation	
When did you work for this person?	From:	To:

I authorize any of the persons or organizations referenced in the Application for Employment that I have completed for P.O.S.T. To give P.O.S.T. any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have made application. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to P.O.S.T. to request and receive such information. I request that any person or organizations contacted by P.O.S.T. provide such information as may be requested.

Print name

Signature applicant

Date