# San Marino Excavating, Inc.

## Application for employment

		representative of the o	-			
Application Dat	e:	Date A	vailable to Begin V	Work:		
		Personal Info	<u>rmation</u>			
Name:  Social Security #:   Last First Middle						
Last	First	Middle				
Present Address:						
	Street Address			State		
Length of Time at A	ddress:		Cell Phone #	<i>‡</i> :		
Alternate Phone #:			Email:			
		Employment	Desired			
Position Applying	for:	Sa	lary Desired:	<u>\$</u>		
	ity: No pref					
Hours per Week D	esired:	N	ighttime avail	ability <u>:</u>		
	Work Sought: Full	Time Part tim	eSeason	alOther		
		Legalit	ies			
Are you legally elig	ible for employment	in the U.S? Yes	No			
Are you 18 years or	older? YesNo	if you are un	der 18, please	list age		
If you are related to	anyone in our comp	any, state name an	d relationship	:		
Have you ever been	convicted of a crime	e? YesNo	( a conviction	n will not automatically ba	r employment.)	
If yes, explain number of c (s) imposed, and type(s) of	conviction(s), nature of offe	ense(s) leading to convic	tion(s), how recent	ly such offense(s) was/we	re committed sentence	
	es presently pending agains					
If yes, please explain:						

<b>Education</b>								
Education	Name of school	Location	No. of years completed	Degree Earned				
High School								
College/University								
Vocational/ Trade/ Graduate school								

## General

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position applied for? If yes, please explain below:

Are you able to meet attendance requirements?	Yes	_No
Do you have an objection to working overtime if necessary?	Yes	_No
Have you ever previously employed by our organization?	Yes	_No
Can you submit proof of legal employment authorization and identity?	Yes	_No
If you are under 18, can you furnish a work permit?	Yes	_No
How were you referred to us?		

#### **References**

Please list three references that we may contact, who are not relatives or previous employers.

Nam	e	Phone Number	Occupation	Years known/ Relationship

#### **Employment History**

Please give an accurate, complete, Full-time and part time employment record, starting with your most recent employer. This section is to be completed fully, even if a resume is attached. Please print all information. Please verify whether we may contact each

employer.								
Com	ipany	Supervisor :	Phone number:		Employed	from:	Employed To:	
					:			
Company Address( Including city/state/Zip)		Ending Salary: May we contact this employer:		mployer:				
					Yes	No		
Position Held:	Responsibilities		Reas	on for Leaving				

## **Employment History Continued**

Con	ipany	Supervisor :	Phone number:		Employed from:		Employed To:
					:		
Company Address( Including city/state/Zip)			Ending Salary:	May we co	ntact this emp	loyer:	
					Yes	_No	
Position Held:	Held: Responsibilities		Reason for Leaving				

Con	npany	Supervisor :		e number:	Employed from:	Employed To:
Company Address( Including City/State/Zip)			Ending Salary:	May we contact this	mployer:	
					YesNo	
Position Held: Responsibilities		Reason for Leaving				

#### Employment Agreement

#### \* Note: Please read carefully before signing

I hereby certify that I am not currently engaged in illegal use of drugs. I understand that if I'm am hired by San Marino Excavating, Inc. I may be required to take a pre- employment drug test or random drug test during employment, for the illegal use of drugs which may include the collection of urine samples. I agree that the results of this test may be submitted to San Marino Excavating, Inc. or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for preforming the requested test, and for communicating results to San Marino Excavating, Inc. I understand that if the results of any pre-employment drug test are positive, it will cause for rejection of my application or if I am hired, my employment with San Marino Excavating, Inc. may be immediately terminated. I also understand that San Marino Excavating, Inc. may require a pre- employment background screening; I agree to the same terms above for the background screening.

I certify that all answers and information given by me in this application are true and correct. I understand that San Marino

Excavating, Inc. Has the right to refuse to hire or immediately discharge me, at any time, if it discovers I have provided untrue or misleading answers or information in this application or any other documents submitted during the time of employment.

I authorize San Marino excavating, Inc. to use any of my information in its possession concerning me for any purpose it deems appropriate, including information to a third party, future employers, prospective future employers without notification to me of such disclosure, and I release San Marino Excavating, Inc. from any liability in connection with such use or disclosure.

If I am hired by San Marino Excavating, Inc., I understand and agree that I will be bound by the rules, regulations, polices, procedures and other terms and conditions of employment with San Marino Excavating, Inc., as they are from time-to-time changed with or without notice.

If I am hired by San Marino Excavating, Inc., I understand that I have the right to terminate my employment at any time, with or without notice. I further understand that, except as a forth in any collective bargaining agreement, San Marino Excavating, Inc. can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This Employment relationship exist regardless of any other written statements or polices or any other San Marino Excavating, Inc. Documents or any verbal statements to the contrary

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer, and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons and organizations for providing such information.

I understand that it's the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of the persons need for a reasonable accommodation as required by the ADA.

I also understand that if I'm employed, I will required to provide a satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.