# JIMMY RICHARDS & SONS EXCAVATING, INC.

## APPLICATION FOR EMPLOYMENT

### \*COMPLETE HIGHLIGHTED AREAS\*

## \*LABORER / PIPE LAYER\*

	NFORMATION
NAME (FIRST, LAST, MIDDLE INT.)	
ADDESS (CODEED) DO DON CIEN CEADE ZIDCOD	
ADDRESS (STREET/ PO BOX, CITY, STATE, ZIPCOD)	
TELEPHONE NUMBER	EMAIL ADDRESS
BEST METHOD TO CONTACT	SOCIAL SECURITY NUMBER
DATE OF BIRTH	*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*
OFFICIAL LANGUAGE	ARE YOU OVER THE AGE OF 18?
ENGLISH	☐ YES ☐ NO IF NO, CAN YOU PROVIDE A WORK PERMIT?
OTHER, SPECIFY	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE YES NO	E UNITED STATES?
*IF OFFERED EMPLOYMENT, YOU WILL BE REQUI	RED TO PROVIDE DOCUMENTATION VERIFYING
HAVE YOU EVER BEEN EMPLOYED BY THIS COMP	ANY?
☐ YES ☐ NO IF YES, WHEN, REASON FOR ]	LEAVING
,,,,,,	
DRIVER'S LICENSE INFORMATION (IF DRIVING IS	AN ESSENTIAL JOB FUNCTION)
STATE ISSUED: LICENSE NUMBER:	EXPIRATION DATE:
ARE YOU ABLE TO MEET THE REQUIRED ATTEND (Hours are usually Monday thru Friday from 6:00 AM to 5:00/5:30 PM	
YES NO	and some Saturdays)
IF NO, PLEASE EXPLAIN	
IF REQUIRED, ARE YOU WILLING TO WORK OVER'	FIME? YES NO
DATE AVAILABLE TO START? EMERGENCY CONTACT	DESIRED SALARY?
ENERGENCI CONTACI	
NAME: PE	IONE NUMBER:

\*\*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Human Resource Department.\*\*

EMPLOYMENT HISTORY				
Please provide the following information regarding work experience, starting with your most recent job held.				
Attach any additional sheets, if necessary.	-			
EMPLOYER #				
EMPLOYER	PHONE NUMBER			
ADDRESS	JOB TITLE			
DATES EMPLOYED	HOURLY RATE/SALARY			
From to	START: \$ PER FINAL: \$ PER			
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE?			
	$\square$ YES $\square$ NO			
SUMMARIZE JOB RESPONSIBILITIES				
EMPLOYER #	ŧ 2			
EMPLOYER	PHONE NUMBER			
ADDRESS	JOB TITLE			
ADDRESS	JOB HILLE			
DATES EMPLOYED	HOURLY RATE/SALARY			
	START: \$ PER			
From to	FINAL: \$PER			
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE?			
SUMMARIZE JOB RESPONSIBILITIES				
EMPLOYER #	t 3			
EMPLOYER	PHONE NUMBER			
ADDRESS	JOB TITLE			
DATES EMPLOYED	HOURLY RATE/SALARY			
DATES EMPLOYED HOURLY RATE/SALARY   START: \$ PER				
From to	FINAL: \$ PER			
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE?			
SUMMARIZE JOB RESPONSIBILITIES				
·				

EDUCATIONAL BACKGROUND					
Please provide the following	g information, s	tarting with yo	our most rece		
SCHOOL	SCHOOL YEARS CON		<b>IPLETED</b>	FIE	LD OF STUDY
		DEFED	ENGEG		
	· · · ·	REFER		1	
Please provide the follo			ee protessi	onal references	s who are <u>not</u> related
to you and are <u>not</u> prev			DDIA	TIONGUID	
NAME	TELEPHONI	E NUMBER	RELA	TIONSHIP	YEARS KNOWN
		LS AND QU			
Summarize any specia	<u>.</u>				
being able to successfu	lly perform jo	ob-related fu	nctions for	this specific po	osition.
Please list any profession	ional. trade. b	ousiness, or o	civic assoc	iations, and an	v offices held.
(EXCLUDE MEMBERSHI					
COLOR, DISABILITY OR					
ORGAN	IZATION			OFFICE	HELD
Please list any special accomplishments, publications, awards, etc.					
(EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE,					
COLOR, DISABILITY, OR	ANY OTHER S	IMILARLY PR	ROTECTED	STATUS)	
Please list any addition	alinformati	on and/on m	dial cord	litions that wa	hould know about
Thease list any addition	nar mormatio	manu/or me		utions that we	snould know about.

JOB-SP	JOB-SPECIFIC INFORMATION				
HAVE YOU EVER OPERATED A CHA IF YES, HOW MANY MONTHS		-			
THIS POSITION REQUIRES EMPLOYEES TO HAVE THEIR OWN TRANSPORTATION TO AND FROM DIFFERENT JOBSITES THOUGHOUT THE WORK DAY. ARE YOU ABLE TO MEET THIS REQUIREMENT? YES NO					
DO YOU HAVE ANY EXPERIENCE O		,			
THE NUMBER OF WEEKS, MONTHS	S, OR YEARS OF EXPERIE	NCE YOU HAVE.			
UNLOADER(BOBCAT):					
TYPE(S)	EXPERIENCE:	W / M / Y			
ROLLER:					
TYPE(S)	EXPERIENCE:	W / M / Y			
TANDEM TRUCK (END-DUMP):					
TYPE(S)	EXPERIENCE:	W / M / Y			
(PLEASE LIST ANY OTHER EQUIPM (OPERATING AND LIST YOUR EXPE		EXPERIENCE			

\*ALL EMPLOYEES ARE RESPONSIBLE FOR THEIR OWN SAFETY SUPPLIES, INCLUDING A HARD HAT, GLOVES, SAFETY GLASSES OR GOGGLES, DUST MASKS, EAR PLUGS, PROPER WORK BOOTS, LONG PANTS THAT ARE NOT TOO BAGGY, AND A SHIRT, WHICH MUST BE WORN AT ALL TIMES ON THE JOBSITES.\*

### CONSENT FOR DRUG/ALCOHOL SCREENING

If you are offered and accept employment with Jimmy Richards & Sons Excavating, Inc., you may work with and be around machinery and equipment that can cause serious injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment. You are responsible for the cost of this pre-employment testing. In addition, you will not be reimbursed for the cost of the urine test for drug and/or alcohol use.

In addition, if you are offered employment, Jimmy Richards & Sons Excavating, Inc. has the right to randomly test employees for drug and/or alcohol use due to the serious risk of human injury and/or property damage involved in the workplace. Jimmy Richards & Sons Excavating, Inc. will pay for the random urine test, unless the employee tests positive for drugs and/or alcohol, in which case the employee will be responsible for the cost of the urine test.

I, \_\_\_\_\_\_, have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol use. I understand what I am being tested for, the procedure involved, and freely giving my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released to Jimmy Richards & Sons Excavating, Inc.

Employee

Witness

Date

Date

## APPLICANT STATEMENT

I certify that all the information provided on this application is true and complete to the best of my ability. I understand that any misrepresentation or omission of information made by me will be cause for cancellation of this application, or if already employed, immediate discharge from the company at the time of discovery.

I give the employer the authorization to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby waive any and all rights and claims I may have regarding the employer for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand this application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that I must complete an I-9 form as required by the federal immigration laws.

According to Maryland law, an employer may not require or demand that an individual submit to or take a lie detector or similar test as a condition of employment, prospective employment, or continued employment. Any employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

### DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

# Action Voluntary Information

### PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

Jimmy Richards & Sons Excavating, Inc. considers all applicants for employment regardless of age, race, sex, national origin, physical or mental disability, religion, or any other similarly protected status.

To further its commitment to Equal Employment Opportunity (EEO), the state of Maryland requests applicants to provide the following information. Providing this information is **COMPLETELY VOLUNTARY**. In addition, failure to provide information will not subject you to any adverse personnel decisions or actions. This information will be used only by authorized personnel for statistical purposes.

Please be advised that this survey is <u>not</u> a part of your official application for employment. It will not be used in any hiring decisions made by the company. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT						
Position(s) applied for	n 		Date:			
Referral Source       Walk-In     Government Employment Agency       Employee     Relative       Advertisement- Source     Other						
Name of person(s) wh	o referred you	(if applicable):				
Applicant Informati	on					
Name:			Telephone:			
LAST	FIRST	MIDDLE				
Address:		CITY	STATE	ZIP CODE		
MALE FEMALE						
Please check one of th White (not Hispanic or American Indian/ Alas	igin) kan Native	u <b>al Employment O</b> Black (not Hispanic Asian/Pacific Island	origin)	fication Groups:		
For Administrative Position(s) applied for		Not Avail	able			
Other position(s) cons	sidered for					
Hired Yes Position hired for						
From the EEO job cla Officials and Mana Professionals Technicians Completed by:	gers $\Box S$ $\Box O$	ted below, which on ales Workers ffice and Clerical W raft Workers (Skille	☐ Op orkers ☐ La	he position filled? peratives (Semi-Skilled) borers (Unskilled) rvice Workers		

### CONFIDENTIAL

# Background Check Authorization

Print Name:					
(First)		(Middle)	(Last)		
Former Name(s) and	d Dates Use	<mark>d:</mark>			
Current Address Sir	nce:				
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address F	rom:				
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address F	rom:				
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Social Security Num	<mark>ıber</mark> :			DOB:	
Telephone Number:	·				
Drivers License Nur	nber/State:				

The information contained in this application is correct to the best of my knowledge.

I hereby authorize <u>Jimmy Richards & Sons Exc., Inc.</u> and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit-reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to <u>Jimmy Richards & Sons Exc., Inc.</u> or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. <u>Jimmy Richards & Sons Exc., Inc.</u> and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

### Signature:



#### Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.