

# TAZ CONCRETE, INC

## APPLICATION FOR AT-WILL EMPLOYMENT

*The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.*

*The Company is an at-will employer, meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.*

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Please note this application will remain active for 180 days only, after which the applicant will have to re apply.

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone #: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are there any hours/ days of the week you cannot work? \_\_\_\_\_

If so, when? \_\_\_\_\_

Are you employed now? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Have you ever applied with this company before? \_\_\_\_\_

When? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_

If so, please state citation, date and place where offense occurred \_\_\_\_\_

\_\_\_\_\_

Please provide and additional information such as special skills, training, experience or equipment operation that you feel will be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

Do you have your own transportation to work everyday: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Name Phone Number Address

References: Three individuals that are not related to you that you have known at least one year.

Name	Address/ Phone	Relationship	Years Known

Current and Former Employers

Dates: Starting/ Ending	Name/ Address/ Telephone Number	Salary: Starting/ Ending	Last Position Held/ Responsibilities	Reason For Leaving

**Please read the following statement carefully before signing to indicate your understanding.**

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. In the event that I have a disability that will affect my ability to take the test, I will inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for the accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may result in termination.

**I understand and agree that, if hired, my employment is AT WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_  
 Date Signature Print Name

**\*\*\*THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*\*\***

Employer use only  
 Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Hired? \_\_\_\_\_

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_