



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____



SAFETY POLICY ON DRUGS AND ALCOHOL

All employees are hereby given a 60 day notice that on July 1, 2010 in accordance with OCGA 34-9-414(b) Heavy Constructors, Inc. will enforce strict guild-lines as set-forth by the State of Georgia to meet the certification as a Drug Free Workplace Employer.

All new hires must past a drug & alcohol test prior to starting work.

PLEASE BE ADVISED CURRENT POLICY IS STILL IN EFFECT that if you are injured on the jobsite and require offsite medical attention or are involved in an accident that causes substantial property damage, the employee involved or injured will be required to submit to a diagnostic test. Any supervisor or foreman can request a diagnostic test of an employee with reason for cause. Any employee who refuses to submit to a diagnostic test or tests positive will be subject to disciplinary action up to and including suspension and/or termination.

IF YOU ARE INJURED OR HAVE AN ACCIDENT YOU MUST IMMEDIATELY REPORT THE INCIDENT TO THE PROJECT SUPERVISOR. FURTHERMORE IF YOU WITNESS AN INJURY YOU MUST REPORT THE NATURE OF THE INJURY OR ACCIDENT TO THE PROJECT SUPERVISOR. FAILURE TO REPORT OR NOTIFY THE PROJECT SUPERVISOR IS A VIOLATION OF THE COMPANY SAFETY POLICY.

A handwritten signature in blue ink, appearing to read "D. Martin", written over a horizontal line.

Don R. Martin - President

DATE: _____

Corporate Member Certificate

Heavy Constructors Inc.

*is a Corporate Member of The Council on Alcohol & Drugs'
Drug Free Workplace Program in Georgia*

May 31, 2019 – May 31, 2020



A handwritten signature in black ink, appearing to read "Staci R. Wade".

Staci Wade
Associate Director Drug Free Workplace

This does NOT replace the state of Georgia Division of Workers' Compensation certification.

The Council's Drug Free Workplace Program delivers comprehensive materials for education, policy implementation, onsite testing solutions, treatment resources. EAP services & assistance in completing the application for premium program.