West Bros. Contractors Ltd.

Employment Application

Applicant Information

Full Name: _____ _____ _____ Date: _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Available Start Date: _____

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? _____

Do you use any tobacco products (Including vaping/e-cigarettes)? YES ☐ NO ☐

Equipment Experience

	Type or Size	Est. Hours Operated	Type or Size	Est. Hours Operated
Excavator				
Loader				
Dozer				
Backhoe				
Grader				
Water Truck				
Other				

Previous Employment

Company: Phone:
Address: Supervisor:

Job Title: Hourly/Salary: $

Responsibilities:

From: To: Reason for Leaving:

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

Company: Phone:
Address: Supervisor:

Job Title: Hourly/Salary: $

Responsibilities:

From: To: Reason for Leaving:

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

Company: Phone:
Address: Supervisor:

Job Title: Hourly/Salary: $

Responsibilities:

From: To: Reason for Leaving:

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

References

Please list three professional references.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

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:

verus
research
INCORPORATED

Applicant's Authorization for Release and Transfer of Information

I hereby authorize **West Bros Contractors, Ltd.**, its employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation. I understand that information obtained pursuant to this consent shall be treated as confidential.

I authorize custodians of the records of any government agency or independent company as described herein to release and transfer such information upon request of any investigator, agent, or representative of **West Bros Contractors, Ltd.**. I understand that any or all of these investigations or inquiries can be preformed prior to and periodically throughout the duration of my employment.

Investigative reports may include:

- Name and Social Security Number verification
- Geographic residencies
- Birth date verification
- Criminal history or arrest records

I understand that the investigated information found may be re-released only as authorized by law. I understand that I am entitled to request from the company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: 1. Any adverse action/decision is made based on the information in the investigative report and 2. If the request is made in writing within 60 days of the adverse action. Upon my written request to **West Bros Contractors, Ltd.** and at no cost to me, I will be provided within 10 working days with a printed copy of the information about me. If after my review of such information I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as responsibly practical.

I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release. I indemnify the release and hold harmless the company and agents of the company or others reporting to or for the company, any investigators, all former employers, and reporting agencies from any and all claims defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosers, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release I signed.

The information contained below is to be used only for identification and investigative purposes only.

TO BE COMPLETED BY APPLICANT ONLY:

Last Name	First Name	MI	Date of Birth	Social Security Number	
City, State of Birth	Current Address		City	State	Zip
Other Last Names or Aliases Used		Driver's License #			State DL Issued

Addresses of Residency: Previous 10 years	City	State	Zip	From/To (Yrs)

_____ _____

Applicant Signature Date