



## APPLICATION FOR EMPLOYMENT

360 Civil, Inc. is an equal opportunity employers and will not discriminate against any employee or applicant for employment in a manner that violates the law.

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**List addresses of residency for past 3 years:**

Current Address: \_\_\_\_\_  
Street Apt./Unit # City State Zip Code

Previous Address: \_\_\_\_\_  
Street Apt./Unit # City State Zip Code

Previous Address: \_\_\_\_\_  
Street Apt./Unit # City State Zip Code

- If hired, can you provide proof of authorization to work in the United States?  Yes  No  
 Are you 18 years or older?  Yes  No  
 Are you 21 years or older?  Yes  No  
 Would you accept employment out of town?  Yes  No  
 Are you willing to travel?  Yes  No

EDUCATION	High School	College/University	Graduate/Professional/Trade/Apprentice
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			

<b>REFERENCES</b> Give two (2) persons other than former employers or relatives			Years
Name and Address	Relationship	Phone #	Acquainted





**ACCIDENT RECORD FOR THE PAST 3 YEARS:** (Start with most recent)

DATE	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES (Yes or No)	INJURIES (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRACFFIC CONVICTIONS FOR THE PAST 3 YEARS:** (Do not include parking violations)

COUNTY	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

If yes, give details: \_\_\_\_\_

Has any license, permit or driving privilege ever been suspended or revoked?  Yes  No

If yes, give details: \_\_\_\_\_

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**COMMERCIAL DRIVER APPLICANTS ONLY COMPLETE THIS SECTION**

\*Do not answer any questions in this section unless you have a Commercial Drivers' License (CDL)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**DRIVER QUALIFICATIONS:**

STATE	LICENSE NUMER	TYPE	EXPIRATION DATE	ENDORSEMENTS

**DRIVER EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES FROM:	DATES TO:
Straight Truck			
Tractor & Semi-Trailer			
Tractor – Two Trailers			
Motorcoach – School Bus			



Other:			
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List all the states operated in for the last five years: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Describe any specialized training, certification special job-related skills, qualifications or equipment experience.

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List all convictions, pleading of nolo contendere and deferred judgments you have had. Exclude minor traffic offenses and parking tickets. (Criminal background investigations will be conducted) A yes answer does not automatically disqualify you from employment. The nature of the offense, date and job for which you are applying will be considered. Please ask for the Minimum Background Investigation Requirements.				
Conviction, Plea of Nolo Contendere, Deferred Judgments	City	County	State	Date

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**AFFIDAVIT/CONSENT FOR SUBSTANCE ABUSE TESTING**

Please read each statement carefully before signing

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institutions, law enforcement agencies, city, state, county and federal courts, military service, current employer, past employers, credit agencies, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, ALSO, THAT I MAY VOLUNTARILY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE.

Management reserves the right to require overtime and travel to other locations as normal conditions of employment. Elam Construction, Inc. does substance abuse testing. All applicants for employment will be tested before they begin employment. We do not intend to hire applicants who cannot successfully pass our initial substance abuse testing.

I, THE UNDERSIGNED APPLICANT/EMPLOYEE of 360 Civil, Inc. hereby consent to allow 360 Civil, Inc. or company authorized facility to collect blood, urine, breath, saliva or otherwise, specimens from me for post-employment offer testing for the presence of alcohol, illegal drugs or controlled substances conducted pursuant to the Companies Drug/Alcohol Workplace Policy. Further, I give my consent for the release of the test results to the appropriate members of company management. I have read, understand and by my signature, consent to these statements.



I understand that any false information or omission may disqualify me from further consideration for employment, and may result in my dismissal if discovered at a later date. I understand, also, that I am required to abide by all safety rules and regulations and employment guidelines of 360 Civil, Inc.

I certify that this employment application was completed by me and that all entries on it and all information provided in this application and in the interview(s) are true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### Self-Identification Form

#### Gender, Ethnicity, Race, Disabled and Veteran Status

360 Civil, Inc. is a government contractor subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with 360 Civil, Inc. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

<b>Name:</b>	<b>CITIZENSHIP</b> Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Ethnicity**  
 **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race  
 **Not Hispanic/Latino**

RACE	Race Identification
<b>White (not Hispanic or Latino)</b>	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
<b>Black or African American (not Hispanic or Latino)</b>	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
<b>Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)</b>	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<b>Asian (not Hispanic or Latino)</b>	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
<b>American Indian or Alaska Native (not Hispanic or Latino)</b>	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
<b>Two or More Races (not Hispanic or Latino)</b>	<input type="checkbox"/> All persons who identify with more than one of the above five races.

**VETERAN STATUS**  
 Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES  NO  Disabled Veteran



YES  NO

Other Protected Veteran

YES  NO

Vietnam

YES  NO

Armed Forces Service Medal Veteran

Discharge Date: \_\_\_\_\_

Federal Job Category: \_\_\_\_\_

Reporting State: \_\_\_\_\_

**DISABILITY**

A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment. Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES  NO