

# Southeast Grading & Hauling INC.

P.O. BOX 1346, MADISON, GA 30650

## APPLICATION FOR EMPLOYMENT

(TWO FORMS OF GOVERNMENT IDENTIFICATION ARE REQUIRED AT TIME OF INTERVIEW)

### GENERAL INFORMATION

Name (Last)	(First)	(M.I.)	(M/F)	Home Telephone
Address (Mailing)	(City)	(State)	(Zip)	Other Telephone
E-mail Address	Are you legally entitled to work in the U.S.? Yes No			

### POSITION

Position or Type of Employment Desired	Will Accept:  Part Time Full Time Temporary
Are you able to perform the essential functions of the job you are applying for, with or without responsible accommodation? Yes No	
Salary Desired	Date Available

### EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed?	Yes	No
If no, list the highest grade completed		

### EMERGENCY CONTACT:

NAME:	RELATIONSHIP:	NUMBER:
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### WORK EXPERIENCE

Employer:	Telephone #:	From (Month/Year)
Address:		To (Month/Year)
Job Title:	# of Employees Supervised:	Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May we contact this employer? Yes No

Employer:	Telephone #:	From (Month/Year)
Address:		To (Month/Year)
Job Title:	# of Employees Supervised:	Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May we contact this employer? Yes No



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

