

JIMMY RICHARDS & SONS EXCAVATING, INC.

APPLICATION FOR EMPLOYMENT

*COMPLETE HIGHLIGHTED
AREAS*

LABORER / PIPE LAYER

EMPLOYEE INFORMATION	
NAME (FIRST, LAST, MIDDLE INT.)	
ADDRESS (STREET/ PO BOX, CITY, STATE, ZIPCODE)	
TELEPHONE NUMBER	EMAIL ADDRESS
BEST METHOD TO CONTACT	SOCIAL SECURITY NUMBER
DATE OF BIRTH	*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*
OFFICIAL LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, SPECIFY _____	ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO *IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING ELIGIBILITY*	
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____, REASON FOR LEAVING _____	
<div style="border: 1px solid red; height: 100px;"></div>	
DRIVER'S LICENSE INFORMATION (IF DRIVING IS AN ESSENTIAL JOB FUNCTION) STATE ISSUED: _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____	
ARE YOU ABLE TO MEET THE REQUIRED ATTENDANCE NECESSARY FOR THIS POSITION? (Hours are usually Monday thru Friday from 6:00 AM to 5:00/5:30 PM and some Saturdays) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN _____	
IF REQUIRED, ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE AVAILABLE TO START?	DESIRED SALARY?
EMERGENCY CONTACT	
NAME: _____	PHONE NUMBER: _____

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Human Resource Department.

EMPLOYMENT HISTORY

Please provide the following information regarding work experience, starting with your most recent job held.
Attach any additional sheets, if necessary.

EMPLOYER # 1

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

EMPLOYER # 2

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

EMPLOYER # 3

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARIZE JOB RESPONSIBILITIES

EDUCATIONAL BACKGROUND

Please provide the following information, starting with your most recent school attended.

SCHOOL	YEARS COMPLETED	FIELD OF STUDY

REFERENCES

Please provide the following information for three professional references who are *not* related to you and are *not* previous supervisors.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to successfully perform job-related functions for this specific position.

Please list any professional, trade, business, or civic associations, and any offices held.
(EXCLUDE MEMBERSHIPS THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS)

ORGANIZATION	OFFICE HELD

Please list any special accomplishments, publications, awards, etc.
(EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS)

Please list any additional information and/or medical conditions that we should know about.

JOB-SPECIFIC INFORMATION

HAVE YOU EVER OPERATED A CHAIN SAW? YES NO
IF YES, HOW MANY MONTHS _____ **OR HOW MANY YEARS** _____

THIS POSITION REQUIRES EMPLOYEES TO HAVE THEIR OWN TRANSPORTATION TO AND FROM DIFFERENT JOBSITES THOUGHOUT THE WORK DAY. ARE YOU ABLE TO MEET THIS REQUIREMENT? YES NO

DO YOU HAVE ANY EXPERIENCE OPERATING THE FOLLOWING. IF SO, PLEASE LIST THE NUMBER OF WEEKS, MONTHS, OR YEARS OF EXPERIENCE YOU HAVE.

UNLOADER(BOBCAT):

TYPE(S) _____ EXPERIENCE: _____ W / M / Y

ROLLER:

TYPE(S) _____ EXPERIENCE: _____ W / M / Y

TANDEM TRUCK (END-DUMP):

TYPE(S) _____ EXPERIENCE: _____ W / M / Y

PLEASE LIST ANY OTHER EQUIPMENT TYPE(S) YOU HAVE EXPERIENCE OPERATING AND LIST YOUR EXPERIENCE WITH EACH:

ALL EMPLOYEES ARE RESPONSIBLE FOR THEIR OWN SAFETY SUPPLIES, INCLUDING A HARD HAT, GLOVES, SAFETY GLASSES OR GOGGLES, DUST MASKS, EAR PLUGS, PROPER WORK BOOTS, LONG PANTS THAT ARE NOT TOO BAGGY, AND A SHIRT, WHICH MUST BE WORN AT ALL TIMES ON THE JOBSITES.

APPLICANT STATEMENT

I certify that all the information provided on this application is true and complete to the best of my ability. I understand that any misrepresentation or omission of information made by me will be cause for cancellation of this application, or if already employed, immediate discharge from the company at the time of discovery.

I give the employer the authorization to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby waive any and all rights and claims I may have regarding the employer for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand this application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that I must complete an I-9 form as required by the federal immigration laws.

According to Maryland law, an employer may not require or demand that an individual submit to or take a lie detector or similar test as a condition of employment, prospective employment, or continued employment. Any employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

Signature of Applicant _____

Date _____

CONFIDENTIAL

Background Check Authorization

Print Name: (First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB:

Telephone Number:

Drivers License Number/State:

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Jimmy Richards & Sons Exc., Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Jimmy Richards & Sons Exc., Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Jimmy Richards & Sons Exc., Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: Date:

Notice to California, Minnesota and Oklahoma Residents: Please check the box below if you wish to receive a copy of a consumer report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.