

JIMMY RICHARDS & SONS EXCAVATING, INC.

APPLICATION FOR EMPLOYMENT

OPERATOR POSITION

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	<small>*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*</small>
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 _____	
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

SUMMARIZE JOB RESPONSIBILITIES

WHAT DID YOU LIKE MOST ABOUT THIS POSITION?

WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION?

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?

YES NO

EMPLOYER # 2

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____

IMMEDIATE SUPERVISOR

SUMMARIZE JOB RESPONSIBILITIES

WHAT DID YOU LIKE MOST ABOUT THIS POSITION?

WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION?

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?

YES NO

EMPLOYER # 3

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____
IMMEDIATE SUPERVISOR	
SUMMARIZE JOB RESPONSIBILITIES _____ _____	
WHAT DID YOU LIKE MOST ABOUT THIS POSITION? _____	
WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION? _____	
REASON FOR LEAVING _____	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain any gaps in your employment, other than those due to personal illness, injury, or disability _____ _____ _____	
If not addressed above, have you ever been fired or asked to resign from a job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____	

JOB-SPECIFIC INFORMATION

Do you have the ability to operate the following equipment?

Note: the term "operate" includes not only getting into and out of equipment, but also driving and operating such equipment.

- 1. Excavators (Various makes and models) YES NO
- 2. Loaders (Various makes and models)
 - a. Track YES NO
 - b. Rubber Tire YES NO
- 3. Dozers (Various makes and models)
 - a. Track YES NO
 - b. Rubber Tire YES NO
- 4. Backhoes (Various makes and models) YES NO
- 5. Rollers (Various makes and models)
 - a. Compact YES NO
 - b. Vibratory YES NO
 - c. Sheet Foot YES NO
- 6. Uniloaders/Bobcats (Various makes and models) YES NO
- 7. Graders (Various makes and models) YES NO
- 8. Gradalls (Various makes and models) YES NO
- 9. Articulated End Dumps (Various makes and models) YES NO

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.

CONSENT FOR DRUG/ALCOHOL SCREENING

If you are offered and accept employment with Jimmy Richards & Sons Excavating, Inc., you may work with and be around machinery and equipment that can cause serious injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment. You are responsible for the cost of this pre-employment testing. In addition, you *will not* be reimbursed for the cost of the urine test for drug and/or alcohol use.

In addition, if you are offered employment, Jimmy Richards & Sons Excavating, Inc. has the right to randomly test employees for drug and/or alcohol use due to the serious risk of human injury and/or property damage involved in the workplace. Jimmy Richards & Sons Excavating, Inc. will pay for the random urine test, unless the employee tests positive for drugs and/or alcohol, in which case the employee will be responsible for the cost of the urine test.

I, _____, have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol use. I understand what I am being tested for, the procedure involved, and freely giving my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released to Jimmy Richards & Sons Excavating, Inc.

Employee

Date

Witness

Date

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 can result in the 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.

I understand that if I am hired, there will be a 90-day trial period. In which case, Jimmy Richards & Sons Excavating, Inc. has the authority to terminate employment for any reason.

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** _____

Action Voluntary Information

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

Jimmy Richards & Sons Excavating, Inc. considers all applicants for employment regardless of age, race, sex, national origin, physical or mental disability, religion, or any other similarly protected status.

To further its commitment to Equal Employment Opportunity (EEO), the state of Maryland requests applicants to provide the following information. Providing this information is **COMPLETELY VOLUNTARY**. In addition, failure to provide information will not subject you to any adverse personnel decisions or actions. This information will be used only by authorized personnel for statistical purposes.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decisions made by the company. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date: _____

Referral Source

- | | | |
|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement- Source _____ | <input type="checkbox"/> Other _____ | |

Name of person(s) who referred you (if applicable): _____

Applicant Information

Name: _____ Telephone: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

MALE FEMALE

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|----------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White (not Hispanic origin) | <input type="checkbox"/> Black (not Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |

For Administrative Use Only

Position(s) applied for Available Not Available

Other position(s) considered for _____

Hired Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|-------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (Semi-Skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (Unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (Skilled) | <input type="checkbox"/> Service Workers |

Completed by: _____