

JIMMY RICHARDS & SONS EXCAVATING, INC.

APPLICATION FOR EMPLOYMENT

RECEPTIONIST 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 _____	
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 _____ AM to _____ 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.

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 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 _____

