



## APPLICATION FOR EMPLOYMENT

Please submit here: <https://triamid.com/careers>

As an Equal Opportunity Employer, it is our policy to attract and retain qualified people available without regard to race color, religion, national origin, gender, sexual orientation, age disability or status as a special disabled veteran, Vietnam Era Veteran or other qualifying veteran.

We promote a drug-free environment and require pre-employment drug screening of all applicants.

### PLEASE PRINT

Position(s) applying for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source ☐ Advertisement ☐ Employee ☐ Walk-In  
☐ Agency ☐ Internet ☐ Other (Name Source) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address Apt State Zip Code

Telephone Numbers Home ( ) Work ( ) Mobile ( )

May we contact you at work?..... ☐ Yes ☐ No

Are you legally eligible for employment in this country?..... ☐ Yes ☐ No  
(Proof of U.S. citizenship or residence status will be required prior to employment)

Date available for work \_\_\_\_\_

Type of employment desired ☐ Part Time ☐ Full Time ☐ Temporary

Will you work overtime if required?..... ☐ Yes ☐ No

Will you work weekends if required?..... ☐ Yes ☐ No

Do you have a valid Driver's License?..... ☐ Yes ☐ No

Will you travel if the job requires it?..... ☐ Yes ☐ No

## Employment History

List your last three (3) employers, (all information must be complete). Explain any gaps in employment in comments section below.

Employer	Telephone (       )	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer	Telephone (       )	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Telephone (       )	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Comments (including explanation of any gaps in employment)				

## Skills and Qualifications

Licenses/Certifications held \_\_\_\_\_

Type of apprenticeship served \_\_\_\_\_ When Served \_\_\_\_\_

Types of equipment/machines operated \_\_\_\_\_

Computer Skills    Hardware \_\_\_\_\_ Software \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

Other Skills that may qualify you as being able to perform job related functions for the position you are applying for:

\_\_\_\_\_

## Educational Background

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned.

A. School	B. Year	C. Degree/Diploma

## Business References

List name and telephone number of three business/work references who are *not* related to you.

Name	Telephone	Years Known
	Area Code ( )	
	Area Code ( )	
	Area Code ( )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color or other protected status.)

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Triamid Construction is an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, Triamid Construction reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Triamid has the authority to make any assurances to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Consent to Release of Information

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## RELEASE AND AUTHORIZATION STATEMENT

I voluntarily and knowingly authorize, for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, worker's compensation claims, general reputation, or character requested by Triamid Construction and/or its agents or representatives. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

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SIGNATURE

DATE

FULL NAME (Print)

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER      STATE OF ISSUE

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE

POSITION FOR WHICH YOU ARE APPLYING

MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ box below)

☐

Yes

☐

No

## Department of Motor Vehicles Authorization

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I am aware that motor vehicle reports may be obtained as part of Triamid's evaluation of my job application and/or employment. The reports may be produced by Warren G. Bender Company or its insurance company representative(s) and may include personal information obtained from State motor vehicle departments and my driving record, to be used for an assessment of my insurability for Triamid's insurance program.

By signing this letter, I hereby provide my consent and authorization for Triamid, and their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

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\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name as it appears on Driver's License

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

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

## Alcoholic Beverages Acknowledgement

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In order to maintain a safe and productive work environment, it is company policy that absolutely no alcoholic beverages of any kind are to be consumed, or purchased, during or preceding work hours, including lunch breaks.

This policy applies to all office and field personnel, and includes customer entertainment and personal lunch activities where you return to work or have contact and communication with personnel of other businesses.

Violation of this policy may result in disciplinary action, up to and including termination.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Substance Screening Consent

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Triamid Construction of Central California, Inc. maintains a substance abuse policy requiring prospective employees and current employees to work in a drug and alcohol free condition.

Triamid requires all prospective employees to undergo substance screening by urinalysis prior to being hired. This screening is for the purpose of determining the presence of any controlled substance.

The screening will be conducted AFTER the offer of employment letter has been accepted by the applicant.

Substance screening will be scheduled by Triamid. Screening is conducted at a facility chosen by Triamid. If the location of hire is more than 60 miles from the Triamid main office in Rancho Cordova, California, Triamid will attempt to arrange screening at a closer facility. New employees should call the human resources representative at the main office to verify the time, date and location of the screening.

A confirmed positive test result will cause rejection for further consideration for employment. Refusal by an applicant to submit to screening will constitute voluntary withdrawal of the employee's application.

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**I have read and understand the Triamid company policy regarding pre-employment substance abuse screening and agree to submit to all testing requirements. I understand that disclosure of the results of the test will be limited to authorized Triamid employees and to medical personnel on a need-to-know basis.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature