APPLICATION FOR EMPLOYMENT

COOLEY CONSTRUCTION INC.
GENERAL ENGINEERING

PAVING • GRADING • SEALCOATING

MINIMUM REQUIREMENTS:

MUST HAVE A VALID CALIFORNIA DRIVERS LICENSE, RELIABLE TRANSPORTATION TO AND FROM THE JOB SITES, AND PASS A PRE-EMPLOYMENT PHYSICAL AND DRUG AND ALCOHOL TEST. CLASS A DRIVERS MUST ALSO HAVE A CURRENT DMV PRINTOUT.

EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION			
NAME (LAST, FIRST, AND MIDDLE)	EMAIL ADDRESS: (REQUIRED)		DATE OF APPLICATION:
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE ( )	REFERRED BY	CLASS OF DRIVER'S LICENSE CURRENTLY HELD: [ ] A [ ] B [ ] C	

EMPLOYMENT DESIRED		EMPLOYMENT STATUS	PREVIOUS APPLICATION	
POSITION APPLIED FOR		ARE YOU CURRENTLY EMPLOYED? [ ] YES [ ] NO	EVER APPLIED TO THIS COMPANY BEFORE? [ ] YES [ ] NO	
DATE YOU CAN START	SALARY DESIRED	ARE YOU CURRENTLY ON "LAY-OFF" AND SUBJECT TO RECALL? [ ] YES [ ] NO	WHERE?	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL		DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				

REFERENCES (GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)			
NAME / RELATIONSHIP	ADDRESS	PHONE ( )	YEARS KNOWN
NAME / RELATIONSHIP	ADDRESS	PHONE ( )	YEARS KNOWN
NAME / RELATIONSHIP	ADDRESS	PHONE ( )	YEARS KNOWN

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT EMPLOYER FIRST) (CONTINUED ON NEXT PAGE)		
EMPLOYER NAME	DATES EMPLOYED	DUTIES PERFORMED
	FROM:	
EMPLOYER ADDRESS	TO:	
TELEPHONE NUMBER(S) ( )		
STARTING / PRESENT JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT? [ ] YES [ ] NO	

APPLICATION FOR EMPLOYMENT (CONTINUED)

FORMER EMPLOYERS (CONTINUED)

EMPLOYER NAME	DATES EMPLOYED	DUTIES PERFORMED
	FROM:	
EMPLOYER ADDRESS		
	TO:	
TELEPHONE NUMBER(S)		
( )		
STARTING / PRESENT JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT?	
	[ ] YES [ ] NO	

EMPLOYER NAME	DATES EMPLOYED	DUTIES PERFORMED
	FROM:	
EMPLOYER ADDRESS		
	TO:	
TELEPHONE NUMBER(S)		
( )		
STARTING / PRESENT JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT?	
	[ ] YES [ ] NO	

OTHER INFORMATION (ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US, IN CONSIDERING YOUR APPLICATION, INCLUDING ANY JOB RELATED TRAINING)

_____Initial I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDS THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

_____Initial I AUTHORIZE INVESTIGATION OF ALL MY REFERENCES, WORK RECORD AND EDUCATION. I FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTERSHIPS, AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____Initial I UNDERSTAND THAT MY EMPLOYMENT WILL BE CONDITIONED UPON A SATISFACTORY HEALTH EVALUATION AND THAT A PHYSICAL EXAMINATION BY A DOCTOR SELECTED BY THE COMPANY MAY ALSO BE REQUIRED, TO WHICH I HEREBY CONSENT. (ANY EXAMINATION WILL OCCUR AFTER AN OFFER IS EXTENDED BUT BEFORE YOU BEGIN WORK.)

_____Initial I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE COMPANY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SINGED BY MYSLEF AND THE PRESIDENT OF COOLEY CONSTRUCTION INC.

_____Initial I UNDERSTAND AND AGREES THAT IF EMPLOYMENT IS OFFERED, THE OFFER OF EMPLOYMENT IS CONTINGENT UPON THE APPLICANT READING, AGREEING TO, AND SIGNING THE COMPANY'S EMPLOYMENT ARBITRATION AGREEMENT, AND READING THE COMPANY'S EMPLOYEE HANDBOOK AND SIGNING THE ACKNOWLEDGMENT OF RECEIPT OF THAT HANDBOOK.

_____Initial I UNDERSTAND AND AGREE THAT IF EMPLOYMENT IS OFFERED, THE OFFER OF EMPLOYMENT IS CONTINGENT UPON A NEGATIVE TEST FOR ALCOHOL AND CONTROLLED SUBSTANCES AND I HEREBY CONSENT TO TAKING THE TEST.

_____Initial I UNDERSTAND THAT IN COMPLIANCE WITH FEDERAL LAW, IF HIRED I WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBLITTY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

SIGNATURE OF APPLICANT _____ DATE _____