

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____ Social Security Number _____

If necessary, best time to call you at home is _____

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

If yes, work number and best to call () _____

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before?..... Yes No

If yes, give date..... _____

Have you ever been employed here before?..... Yes No

If yes, give dates..... From _____ To _____

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Are you on lay-off and subject to recall?..... Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

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

Have you ever been bonded?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment).

If yes, please explain _____

Driver's license number (if job-related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. 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		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
		\$	Per	
May we contact for references? <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		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
		\$	Per	
May we contact for references? <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		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
		\$	Per	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
		\$	Per	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying: _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. MINOR

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal 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, disability or other protected status.)

List any additional information you would like us to consider: _____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

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 who referred you (if applicable) _____

Applicant Information

Name _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

- Male Female

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

- White Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does 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.

This application is current for only 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.

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

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this persons' need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____



THE CRUZ CORPORATION

STAR PAVING COMPANY

DRUG TESTING POLICY

Star Paving Co. is committed to providing a safe and drug-free working environment for our customers and employees. All employees are required to be free of illegal drugs and controlled substances. All offers of employment are contingent upon a urinalysis drug test, which indicates that you are free from illegal drugs and controlled substances.

All employees are subject to drug testing, with or without cause, both random and post-accident. Refusal to take drug test at any time will be considered ground for immediate termination.

CONSENT AND RELEASE FOR TESTING

I understand that if I am offered a position with Star Paving Company, I am required to take a urinalysis drug test within 24 hours at an approved testing facility. I understand that refusal to take a drug test upon request, within the time frame required, will eliminate me from consideration for employment with Star Paving Company.

If I should test positive for a prescription medication and there is no record of verification of prescription, I understand that my test result will be considered positive and that I will not be considered for a position with Star Paving Company.

I have read and understand that above policy, and am aware of the consequences of policy violation.

SIGNATURE:

DATE:

AUTHORIZATION FOR RELEASE OF INFORMATION
CONSUMER REPORT CONSENT (EMPLOYMENT)

I, _____, acknowledge that Star Paving Co. (Company), with whom I am employed, or to whom I have submitted an employment application, has advised me that the information requested below concerning my background is required to assist the Company in making an employment determination. The information developed and this document also may be used in determining my qualifications for future assignments and/or retention.

I hereby authorize the Company, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my educational, credit, employment, and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any and all agencies, organizations, institutions, governmental bodies, companies or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of the Company to include, but not limited to, record custodians, directors, agents, employees or any other authorized representatives of the Company from any and all liability for damages of whatever kind and nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempts to comply with, this authorization; and (4) termination of my employment, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statements and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to employment if any such statements and/or answers are found false or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of my employment.

I hereby acknowledge that I have read and understand the Federal Fair Credit Reporting Act Consumer Report Disclosure regarding the obtaining of a Consumer Report about me from a Consumer Reporting Agency. I hereby authorize the Company to obtain Consumer Reports from Consumer Reporting Agencies to aid in its determination of whether to hire or continue to employ me. I understand that I have certain rights under the Fair Credit Reporting Act, as disclosed in the Disclosure, and that I can receive further information regarding my rights by contacting the Federal Trade Commission.

I hereby certify that I have read and understand the foregoing.

Printed Name: _____

Date of Birth: _____ SSN: _____

Drivers License # _____ State license was Issued _____

Address: _____

Last Address: _____

Signature: _____ Date: _____

EMPLOYER USE ONLY:

1 2 3 4 _____ state _____
5 6 _____ 7 license # _____
8 _____ 9 10 _____ 11 12 13 _____ 14 _____

For Personnel Department Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

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

1. Officials and Managers	4. Sales Workers	7. Operatives (semi-skilled)
2. Professionals	5. Office and Clerical Workers	8. Laborers (unskilled)
3. Technicians	6. Craft Workers (skilled)	9. Service Workers

Notes _____

Completed by _____ Date _____