

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or non-job related disability. We are an equal opportunity employer and all applicants are encouraged to apply for any and all positions within the company.

WE PARTICIPATE IN THE E-VERIFY PROGRAM

Application for Employment

WE DRUG TEST ALL APPLICANTS ONCE A CONDITIONAL OFFER OF EMPLOYMENT WITH THIS COMPANY HAS BEEN ACCEPTED. WE ALSO VERIFY YOUR PAST MEDICAL AND WORKERS' COMPENSATION CLAIMS HISTORY ONCE AN OFFER OF CONDITIONAL EMPLOYMENT HAS BEEN ACCEPTED.

(Answer all questions – please print in ink)

Today's Date: _____

Position(s) for which you are applying: _____

Name: _____
Last First Middle

Social Security No: _____

Drivers License No: _____

Where have you lived the last three (3) years?

Current Address: _____

Street City State Zip

How long have you been here? _____

Telephone
Previous Address: _____

Street City State Zip

How long did you live there? _____

Previous Address: _____

Street City State Zip

How long did you live there? _____

Previous Address: _____

Street City State Zip

How long did you live there? _____

Do you have a legal right to work in the United States? _____

Date of Birth: _____/_____/_____ Can you provide proof of age? _____

Have you ever worked for us before? _____ Where? _____ When? _____

Reason you left our employment? _____

Are you employed now? _____ If not, how long has it been since your were employed? _____

How were you referred to us: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? If the answer is "YES", please explain:

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Your Work History

List former employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
Reason for Leaving: _____	_____		

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
Reason for Leaving: _____	_____		

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
Reason for Leaving: _____	_____		

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
Reason for Leaving: _____	_____		

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
Reason for Leaving: _____	_____		

Employer		Date	
Name: _____	_____	From: _____	To: _____
Address: _____	_____	Position Held: _____	_____
City: _____	State: _____ Zip: _____	Salary: _____	_____
Contact Person: _____	_____	Telephone Number: _____	_____
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List all accidents you have been involved for the past 3 years. Attach an additional sheet if necessary.

Date of Accident	Nature of Accident	Injuries
Most Recent Accident		
Next		
Next		
Next		

Driving Experience

Have you ever been denied a license to operate a motor vehicle? Yes _____ No _____
 Have you ever had a driver's license suspended or revoked? Yes _____ No _____

Do you have the following experience?

Class of Equipment	Type of Equipment	From	To
Track Hoes			
Bulldozer			
Front-end Loader			
Other			

List states you have worked in over the last five(5) years:

Do you hold any safe driving awards? From whom?

Do you have any special course or training to help you with this company?

List any special technical skills you may possess?

Show any other experience that may help in your work for our company.

Education

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School Attended: _____
 School Name City State

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To be read and signed by the Applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. Inquiries regarding my medical history will be made only if and after a conditional offer of employment has been extended.

I hereby release former employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or during any interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Applicant's Signature

Process Record

This section to be completed by responsible officer or company representative.

	Superior	Good	Fair	Below Average	Poor	Written Record File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Convictions						

Signature of Interviewer: _____

Date: _____

Termination of Employment

Date of Termination: _____ Department Released From: _____

Dismissed: _____ Voluntarily Quit: _____ Refused Drug Test: _____ Other: _____

Termination Report Placed in Personnel File? _____

Is the employee covered by the Company's Health plan? Yes ___ No ___

Does the employee participate in the Company's 401K plan? Yes ___ No ___

Does the employee need to return company property? Yes ___ No ___

Signature of Employee: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____

This Application and Record should be placed in the employee's personnel file.

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EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Good Hope Contracting & Blount Springs Materials are dedicated to the principles of Equal Employment Opportunity. We demonstrate our continuing commitment by submitting periodic reports regarding applicants for employment. We ask your cooperation in completing the following information to ensure accuracy in our reporting. However, you are not required to complete this form to be considered for employment nor will your voluntary response affect your opportunity for consideration in any way. Information you provide on this form will be used for statistical purposes only and will be kept in strict confidence and separate from your employee application. Thank you for your assistance.

Position Applied For: _____

Name: _____ Male Female
(Please Print)

Please check one item.

- American Indian or Alaskan Native (not Hispanic or Latino)—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American (not Hispanic or Latino)—A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Two or more races (not Hispanic or Latino)—All persons who identify with more than one of the above five races.

Note: Access to all information contained on this form is restricted to members of the Human Resources Department and government officials investigating compliance with federal and state employment laws, except as listed above.

Signature _____

Date _____