

GAVIN CONSTRUCTION COMPANY

Employment Application

Gavin Construction Company - Equal Opportunity Employer

It is the policy of Gavin Construction to employ, train, compensate, and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, sex, age, disability, veteran status, or other characteristics protected by law.

This application must be completed in full. Please print or write, whichever is more legible. Answer every question.

PERSONAL DATA

| | | | |
|---|-------|-----------------------------------|--|
| Name: _____ | | Date of Application: _____ | |
| Current Address: _____ | | Previous/Permanent Address: _____ | |
| Email Address: _____ | | | |
| Telephone (day): | () - | _____ | |
| (evening): | () - | _____ | |
| Is Your Age Under 18? <input type="radio"/> Yes <input type="radio"/> No (Federal regulations prohibit anyone under 18 from working in hazardous occupations.) | | | |
| Are you a U.S. citizen or an alien legally authorized to work in the U.S.? <input type="radio"/> Yes <input type="radio"/> No | | | |

JOB INTEREST

| | | | |
|---|-------------|--------------------------------------|-------------------------------|
| Position Desired: _____ | | Date Available For Employment: _____ | |
| Rank in order of preference the type of work you desire: | | Full-time | Part-time |
| | | Temporary (such as summer) | |
| Hours: _____ | Days: _____ | | |
| How or by who were you referred to us? _____ | | | |
| Do you have any relatives who currently or were previously employed at Gavin Construction? If yes, please list. _____ | | | |
| If you are applying for a position that requires driving or for a position which is eligible for a company car, do you have a valid driver's license? | | Yes | If Yes, provide number: _____ |
| | | No | |

EDUCATION AND TRAINING (please do not abbreviate school names)

| Full School Name | City | State | Major Course or Subject | Did You Graduate? | Degree | GPA |
|-------------------------------|------|-------|-------------------------|---|--------|-----|
| High School or Preparatory | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Trade School/Technical School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| College | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Graduate School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

EMPLOYMENT

| | |
|---|--|
| Were you ever employed at Gavin Construction or an affiliated organization? oo Yes oo No If yes, which organization? Location? | Dates Employed From: Dates Employed To: |
|---|--|

Are you currently subject to a non-compete or employment agreement with another employer? oo Yes oo No

Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for at least the last ten years. Include at least your three most recent employers, if applicable. If you need more space, continue on back sheet. **Must be completed in full for each employer.**

| Current/Previous Employer | Dates (Mo/Yr) And Salary | | Position And Duties |
|--|--------------------------|----------------------------|----------------------|
| Company Name: | Start Date: \$ | End Date: \$ | Position and Duties: |
| Street Address: | Start Salary: | End Salary: | |
| City: | State: | Telephone Number: () - | |
| When may we contact this employer? oo Now oo After acceptance of offer | | | |
| Reason For Leaving: | | Name and Title of Manager: | |

| | | | |
|---------------------|-------------------|----------------------------|----------------------|
| Company Name: | Start Date: \$ | End Date: \$ | Position and Duties: |
| Street Address: | Start Salary: | End Salary: | |
| City: | State: | Telephone Number: () - | |
| Reason For Leaving: | | Name and Title of Manager: | |

| | | | |
|---------------------|-------------------|----------------------------|----------------------|
| Company Name: | Start Date: \$ | End Date: \$ | Position and Duties: |
| Street Address: | Start Salary: | End Salary: | |
| City: | State: | Telephone Number: () - | |
| Reason For Leaving: | | Name and Title of Manager: | |

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. This could include any specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking. (Example: If applying for a clerical position, note training such as word processing, typing, calculator, computer, hardware, software, etc.) Please include grade or other indicator of achievement, such as words per minute typed. You should feel free to attach a resume.

Criminal Convictions

Have you ever been convicted of a crime? Include all pleas of "guilty" or "no contest".

Yes No (Please Check One)

If **Yes** to the above question, please explain fully. **This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of the crime and date of conviction will be considered.**

REFERENCES

Please list at least three people we may contact with reference to your application. Do not include past or present employers or relatives. Include at least one business related reference.

Reference Name

Address

Phone Number

1.

2.

3.

APPLICANT RELEASE AND ACKNOWLEDGEMENT

I understand that Gavin Construction (hereinafter referred to as the Company) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.

I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however, that the Company intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

I agree that I will not disclose or use while interviewing with or employed with the Company any confidential or proprietary information of others, including any former employer.

I understand that any employment with the Company is "at will" and would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or the Company may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in writing and signed by a duly authorized officer of the Company.

I understand that any false answers or statements made by me on this application, any supplement thereto or in connection with the above-mentioned investigations may be grounds for refusal of employment, invalidate my employment or, if employed, grounds for immediate discharge and render me ineligible for any Company benefits.

I will complete any post-offer physical evaluations that the Company may require including testing for illegal or unauthorized substances. I understand that any offer of employment is contingent upon my successfully passing the physical evaluation requirements and the background investigation.

My signature below acknowledges that I have read and understand the entire application and agree to the terms and conditions outlined above.

Applicant's Signature: _____

Date: _____

ADDITIONAL SKILLS AND/OR EXPERIENCE

Please list any additional skills and/or experiences and the number of years.

Skills and / or Experiences

Additional information

Years

1. Foreign language (s) spoken: _____

2. MS Office program (s): _____ Word _____ Excel _____ PowerPoint _____ Other
Please list other programs: _____:

3. Other skills/ experience: _____