

GRUNWELL-CASHERO CO EMPLOYMENT APPLICATION

PERSONAL DATA							
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER				
ADDRESS (Number and Street)	CITY	STATE	ZIP CODE				
PERMANENT ADDRESS (if different than above)	CITY	STATE	ZIP CODE				
PHONE (Area code and number)	BEST TIME TO CALL	FOR REFERENCE PURPOSES: HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES: <input type="checkbox"/> NO <input type="checkbox"/> YES (State Names)					
EMAIL ADDRESS							
IF HIRED, ARE YOU ABLE TO PROVIDE DOCUMENTATION CONFIRMING YOUR ELIGIBILITY TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES							
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH GRUNWELL-CASHERO CO? <input type="checkbox"/> NO <input type="checkbox"/> YES DATES:							
HAVE YOU PREVIOUSLY WORKED FOR GRUNWELL-CASHERO CO.? <input type="checkbox"/> NO <input type="checkbox"/> YES DATES:							
WHAT LED YOU TO APPLY AT GRUNWELL-CASHERO CO?. (Check One) <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Hotline <input type="checkbox"/> Referral <input type="checkbox"/> By _____ <input type="checkbox"/> Other (specify) _____							
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> NO <input type="checkbox"/> YES GEOGRAPHICAL PREFERENCE GEOGRAPHICAL LIMITATIONS (specify)							
ARE YOU WILLING TO WORK OVERTIME AS REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES WHICH SHIFTS ARE YOU WILLING TO WORK? <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> MIDNIGHT <input type="checkbox"/> SPLIT							
DATE AVAILABLE FOR EMPLOYMENT:				WAGE REQUIREMENT:			
AREAS OF WORK INTEREST							
TYPE OF WORK DESIRED (Check one) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER EMPLOYMENT							
TITLE OF POSITION APPLIED FOR:							
CHECK YOUR PRIMARY FIELD OF INTEREST: <input type="checkbox"/> Bricklayer <input type="checkbox"/> Cement Mason <input type="checkbox"/> Laborer <input type="checkbox"/> Operating Engineer <input type="checkbox"/> Driver <input type="checkbox"/> Shop							
WHICH OF THE FOLLOWING SKILLS DO YOU POSSESS? (Check all that apply) <input type="checkbox"/> Journeyman Card <input type="checkbox"/> Supervisory Experience <input type="checkbox"/> Computer Skills: _____ <input type="checkbox"/> Software packages: _____							
EDUCATION							
NAME OF CITY AND STATE OF EDUCATIONAL INSTITUTION	GRADUATED? YES / NO		TYPE OF DEGREE RECEIVED OR EXPECTED	# OF YEARS ATTENDED	CREDITS EARNED	MAJOR	MINOR
HIGH SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>					
COLLEGE OR UNIVERSITY	<input type="checkbox"/>	<input type="checkbox"/>					
COLLEGE OR UNIVERSITY	<input type="checkbox"/>	<input type="checkbox"/>					
APPRENTICE TRAINING/CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>					

EMPLOYMENT DATA

START WITH PRESENT OR MOST RECENT EMPLOYER. YOU MAY INCLUDE MILITARY SERVICE, SUMMER POSITIONS, AND VOLUNTEER WORK EXPERIENCE. (Please attach a separate page as needed to fully cover your employment history.)

MAY WE CONTACT YOUR PRESENT EMPLOYER? Prior to offer? YES NO If no, after an offer has been extended we will contact your present employer to verify information and/or seek additional information.

EMPLOYER (present of most recent):	DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR
ADDRESS:	TELEPHONE NUMBER
POSITION:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
DUTIES:	STARTING RATE/HR
SUPERVISOR'S NAME AND TITLE:	ENDING RATE/HR

REASON FOR LEAVING:

EMPLOYER:	DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR
ADDRESS:	TELEPHONE NUMBER
POSITION:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
DUTIES:	STARTING RATE/HR
SUPERVISOR'S NAME AND TITLE:	ENDING RATE/HR

REASON FOR LEAVING:

EMPLOYER:	
ADDRESS:	TELEPHONE NUMBER
POSITION:	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
DUTIES:	STARTING RATE/HR
SUPERVISOR'S NAME AND TITLE:	ENDING RATE/HR

REASON FOR LEAVING:

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION? NO YES EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A CRIMINAL OFFENSE INCLUDING CRIMINAL DISHONESTY OR BREACH OF TRUST OR THE LIKE?: NO YES (Give Details)

IF THE POSITION YOU ARE SEEKING INVOLVES DRIVING A COMPANY VEHICLE OR DRIVING YOUR OWN VEHICLE ON BUSINESS, WE WILL CONDUCT A CHECK OF YOUR MOTOR VEHICLE RECORD> PLEASE INDICATE THE FOLLOWING:

DRIVERS LICENSE NUMBER: _____ TYPE OF LICENSE(i.e. Regular,Chauffer,CDL) _____ STATE _____

INDICATE DRIVING VIOLATIONS FOR THE LAST 3 YEARS:

DO YOU HAVE ANY PRESENT BUSINESS INTERESTS OR RELATIONSHIPS WHICH MIGHT CONFLICT WITH YOUR DUTIES AT GRUNWELL-CASHERO CO? NO YES (Please Explain:)

APPLICANT'S CONSENT AND UNDERSTANDING

Upon signing this application, I acknowledge that the Company relies on truthful and correct information given to me for employment consideration. I understand that false information, misrepresentation or concealment are grounds for my dismissal at any time during my employment. I understand employment is conditional upon the Company obtaining information, including, but not limited to my past and present employment, education, credit, motor vehicle record, prior work, including disciplinary record, general reputation and character. I authorize GRUNWELL-CASHERO CO. to obtain such information or verification from any sources as the Company requires without any obligation to give me written notice of such disclosure. I understand that this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release the Company and all such sources from any liability as a result of such inquiries and disclosures. *In consideration of my employment, I agree to conform to the rules and regulations of GRUNWELL-CASHERO CO. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will with or without cause, and with or without notice, at any time, at the option of either the Company or myself I further understand that the Company's policies and procedures are meted), guidelines which are subject to change at any time, at the sole discretion of the Company and that they do not constitute contracts of employment I understand that no representative of the Company other than the President of the Company, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally and signed by me and the President of the Company.*

DRUG SCREENING AUTHORIZATION AND RELEASE

I understand that in order for me to be considered for employment, I must submit to a pre-employment Drug Screening which may consist of various tests to determine the presence of illegal drugs. I will be asked to submit to this test after a contingent job offer of employment has been extended to me. I understand that if the results of this test are positive, the contingent offer of employment will be withdrawn and I will not be considered for further employment. *I hereby agree to submit a urine and various other samples to a certified medical laboratory where they will be tested for the presence of illegal drugs. I authorize any physician, hospital, laboratory, or medical center to release the test results to the Company. I hereby release any physician, hospital, laboratory, or medical center and any employee of the above from all liabilities arising front the release of such information to the Company.*

APPLICANT'S SIGNATURE _____

DATE _____

For Human Resources :

Professional Experience:

Degree: Yes No

Annual Wage:

Location/State:

Relocation: Yes No

Number of Years Experience: