***Instructions:*** Please complete all portions of this employment application to be considered for employment. If you require accommodations during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate based on age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record of any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the Company an only for the desired position.

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| --- | --- | --- | --- | --- |
| **Personal Information** | | | | |
| First Name | Last Name | | | Middle Initial |
| Present Address | | City | State | Zip |
| Email Address | | | Cell Phone | |
| Can you, after employment, submit verification of your legal right to work in the United States? (If offered employment you will be required to submit documentation required by IRCA.)  **⃝** Yes **⃝** No | | | Do you meet the minimum age requirement set by law for the desired position?  **⃝** Yes **⃝** No | |

|  |  |  |
| --- | --- | --- |
| **Desired Employment** | | |
| Desired Position\* | Earliest Date You Can Start? | Salary Desired? |
| Are you currently employed? | Have you been provided with a job description of the desired position? | |
| If you have been provided with a job description of the desired position, please answer this question: After reading the job description, can you perform the essential functions of the position with or without reasonable accommodation?  **⃝** Yes **⃝** No | | |
| Have you ever applied for employment at this company before?  **⃝** Yes **⃝** No | Position applied for: | Application Date: |
| Have you ever worked for this company before?  **⃝** Yes **⃝** No | Position Held: | Dates of Previous Employment: |
| How did you hear about this position?  **⃝** State Employment Office **⃝** Employment Office **⃝** Newspaper Advertisement **⃝** Friend **⃝** Relative  **⃝** Walk-In **⃝** Facebook **⃝** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Are you related to any employee of the company?  **⃝** Yes **⃝** No | | If so, name of employee? |
| Apart from religious observances, will you be able to work all other times?  **⃝** Yes **⃝** No | | |

***\*Note:*** If hired, you will be required to perform work as required by the company.

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| --- | --- | --- | --- | --- | --- |
| **Education** | | | | | |
| **School Level** | **Name and Location of School** | **No. of Years Attended** | **Did you Graduate?** | **Subjects Studied/Major** | **Degree Obtained** |
| High School |  |  |  |  |  |
| College |  |  |  |  |  |
| College |  |  |  |  |  |
| Other |  |  |  |  |  |

**Former Employer**

List your last four (4) employers starting with the most recent one first. For each employer, you must answer all questions. Use additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Present or Last Employer: | | | |
| Address | City | State | Zip |
| Job Title: | Start Date: | Date Last Worked: | |
| Supervisor Name: | Contact Number: | May We Contact your Supervisor? **⃝** Yes **⃝** No | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Previous Employer: | | | |
| Address | City | State | Zip |
| Job Title: | Start Date: | Date Last Worked: | |
| Supervisor Name: | Contact Number: | May We Contact your Supervisor? **⃝** Yes **⃝** No | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

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| --- | --- | --- | --- |
| Name of Previous Employer: | | | |
| Address | City | State | Zip |
| Job Title: | Start Date: | Date Last Worked: | |
| Supervisor Name: | Contact Number: | May We Contact your Supervisor? **⃝** Yes **⃝** No | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

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| --- | --- | --- | --- |
| Name of Previous Employer: | | | |
| Address | City | State | Zip |
| Job Title: | Start Date: | Date Last Worked: | |
| Supervisor Name: | Contact Number: | May We Contact your Supervisor? **⃝** Yes **⃝** No | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

**Professional References**

Provide contact information of three (3) professional references that we may contact.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Email Address** | **Years Known** | **Phone Number** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**Employment Gaps**

Explain any periods you were not employed

|  |
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|  |

**CERTIFICATION**

**PLEASE READ CAREFULLY BEFORE SIGNING**

1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that if, in the judgment of the Company, I have made false statements, omissions, concealments, any misrepresentations r I have failed to answer questions fully and accurately or results of such investigation are not satisfactory, shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.
2. If employed, I agree to conform to the guidelines and policies of the Company. I understand and agree that, if I am hired, I will be an “at-will” employee, which means I am free to resign at any time for any reason and the Company reserves the right to terminate my employment at any time, with or without cause and with or without notice. I further understand and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President and/or Secretary of Giovonni Construction, LLC.
3. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and further authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company’s review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act (“FCRA”). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
4. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing and specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with State and/or Federal Laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
5. The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
6. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, ad that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
7. I understand and agree that all the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CONFIDENTIAL AND VOLUNTARY SELF IDENTIFICATION*

Giovonni Construction, LLC is an Equal Opportunity Employer. To assist us in that effort, we are asking all applicants to voluntarily identify their race and sex. While you may consider some of this obvious, your cooperation will ensure accuracy. This information is completely voluntary and will be kept confidential in accordance with State and Federal Laws. Whether or not you choose to respond and whatever response you make, no adverse action will be taken with regard to your employment. Please return the completed form to Human Resources.

Thank you for your time.

1. Sex Classification Male Female
2. EEO Classification:

(Please mark ***only one***):

**White (Not Hispanic or Latino):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**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 America, or other Spanish culture or origin regardless of race.

**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.

**American Indian or Alaska 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.

**Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above six races.