

SOUTHEASTERN CONCRETE PUMPING, LLC**EMPLOYMENT APPLICATION**Please return completed application to angie@arrowheadcompanies.net

*COMPLETE IN FULL OR APPLICATION WILL NOT BE CONSIDERED

APPLICANT INFORMATION										
FIRST NAME:				MIDDLE NAME:				LAST NAME:		
PHONE:				EMAIL:						
DATE OF BIRTH:			SOCIAL SECURITY #		-		-		TODAY'S DATE:	
POSITION APPLIED FOR:							DATE AVAILABLE FOR WORK:			
DESIRED PAY:	\$	<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		EMPLOYMENT DESIRED:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL					
DO YOU HAVE LEGAL RIGHTS TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
IF NO, ARE YOU ALLOWED TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER WORKED FOR SOUTHEASTERN OR GANT CONCRETE PUMPING?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE LIST THE DATES:		START DATE:					END DATE:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			<input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, EXPLAIN:										

RESIDENCY INFORMATION					
ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED					
	STREET:	CITY:	STATE:	ZIP CODE:	# OF YEARS AT ADDRESS:
CURRENT:					
MAILING:					
PREVIOUS:					
PREVIOUS:					
PREVIOUS:					

EDUCATION						
SCHOOL	NAME	CITY & STATE	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	
					YES	NO
HIGH SCHOOL					<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE					<input type="checkbox"/>	<input type="checkbox"/>
OTHER					<input type="checkbox"/>	<input type="checkbox"/>

OTHER QUALIFICATIONS

PLEASE LIST ANY OTHER QUALIFICATIONS THAT YOU HAVE IN WHICH YOU BELIEVE SHOULD BE CONSIDERED

EMPLOYMENT HISTORY

START WITH THE LAST OR CURRENT POSITION, INCLUDING ANY MILITARY EXPERIENCE, AND WORK BACKWARDS.
YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, INCLUDING STREET NUMBER, CITY, STATE, ZIP; AND COMPLETE ALL OTHER INFORMATION.
(ATTACH SEPARATE SHEETS IF NECESSARY)

CURRENT (MOST RECENT) EMPLOYER

NAME OF COMPANY:						CONTACT NAME:										
ADDRESS:					CITY:				STATE:				ZIP:			
PHONE:					EMAIL:					POSITION HELD:						
START DATE:					END DATE:					REASON FOR LEAVING:						
STARTING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			
RESPONSIBILITIES:		<hr/> <hr/>														

SECOND (MOST RECENT) EMPLOYER

NAME OF COMPANY:						CONTACT NAME:										
ADDRESS:					CITY:				STATE:				ZIP:			
PHONE:					EMAIL:					POSITION HELD:						
START DATE:					END DATE:					REASON FOR LEAVING:						
STARTING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			
RESPONSIBILITIES:		<hr/> <hr/>														

THIRD (MOST RECENT) EMPLOYER

NAME OF COMPANY:						CONTACT NAME:										
ADDRESS:					CITY:				STATE:				ZIP:			
PHONE:					EMAIL:					POSITION HELD:						
START DATE:					END DATE:					REASON FOR LEAVING:						
STARTING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			ENDING PAY:		\$			<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY			
RESPONSIBILITIES:		<hr/> <hr/>														

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE THE COMPANY TO CONDUCT INVESTIGATIONS, INCLUDING CONTACTING MY CURRENT AND PREVIOUS EMPLOYERS, INTO MY PERSONAL, EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY, AS WELL AS OTHER RELEVANT MATTERS NECESSARY FOR MAKING AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS, AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND PROVIDING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED IN MY APPLICATION OR DURING INTERVIEWS MAY RESULT IN IMMEDIATE TERMINATION. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL COMPANY RULES AND REGULATIONS.

I ACKNOWLEDGE THAT THE INFORMATION I PROVIDE REGARDING MY CURRENT AND/OR PRIOR EMPLOYERS MAY BE USED, AND THAT THOSE EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING MY SAFETY AND PERFORMANCE HISTORY.

I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY CURRENT AND/OR PREVIOUS EMPLOYERS,
- REQUEST CORRECTION OF ANY ERRORS IN THAT INFORMATION BY THE PREVIOUS EMPLOYERS AND FOR THOSE EMPLOYERS TO RESEND CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER, AND
- SUBMIT A REBUTTAL STATEMENT REGARDING ANY DISPUTED INFORMATION IF AGREEMENT ON ACCURACY CANNOT BE REACHED.

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION PERSONALLY AND THAT ALL ENTRIES AND INFORMATION CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE ADDITIONAL INFORMATION BEYOND WHAT IS REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

APPLICANT SIGNATURE: _____ DATE: _____

(PRINT) APPLICANT NAME: _____