



****OFFICE USE ONLY****

POSITION _____ WAGE RATE _____

HIRING SUPERVISOR _____

FIELD EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date _____

Address: _____

Phone: _____ Email _____

Date of Birth _____ Social Security # _____

Position Applied For _____ Desired Salary _____

Do you have any physical conditions or handicaps which might limit your ability to perform this job?

If so, what reasonable accommodation can be made by us? _____

Do you have any restraints which limits you from working during our regular business hours from 7:00 am to 5:00 pm? If yes, please explain. _____

Do you have reliable transportation? _____

Do you currently have a valid driver's license? _____

If yes, provide the state in which driver's license is valid, license #, and expiration date. _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If convicted of a felony, please explain _____

APPLICATION MUST BE COMPLETE FOR CONSIDERATION



PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

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CRAFT TRAINING & EXPERIENCE

Please mark below if you have ever held one of the following positions:

Position	Yes/No	How Many Years	Dates of Position
Finish Carpenter			
Form Carpenter			
Concrete Laborer			
General Laborer			
Iron Worker			
Welder **			
Plumber			
Pipe Fitter			
Surveyor			
Mechanic			
Electrician			
Operator **			

****If Welder, What Type?** _____

****If Operator, please fill out the information below.**

List Equipment You Operate	How Many Years	Dates Operated Equipment

Can you interpret blue prints? _____

Please list all other construction related positions held: _____

Please list all applicable certifications or licenses you currently hold: _____

What technology devices are you familiar with? _____

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PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misleading or incorrect statements may render my application void, and if employed, would be cause for termination whenever discovered.

I authorize Gregory Construction to make such investigations and inquiries of my personal, employment, financial or other related matters as may be necessary in arriving at an employment decision. I further release all parties from any and all liability for any damages flowing from the gathering and issuing of this information.

I understand and agree, if hired, my employment is for no definite period of time and may, regardless of the method of payment of my wages or salary, be terminated at any time for any reason without any prior notice. If employed, I agree to acquaint myself with, and to abide by all rules and regulations established or amended by Gregory Construction.

Following a conditional offer of employment, I agree to submit myself for a physical examination (including blood, urine and other tests such as drug and alcohol tests) by persons designated by Gregory Construction and to any future tests and/or drug or alcohol test that Gregory Construction may require. I further authorize the release of the results of any physical examination and/or drug or alcohol test to Gregory Construction and release all parties from any and all liability in any way associated with or resulting from such physical examination and/or tests and/or the reporting of the test results.

I acknowledge that Gregory Construction reserves the right to inspect all property (including cars, purses, lockers, desks, lunch boxes, packages and other containers on Gregory Construction's premises and job sites and, if employed, I agree to cooperate with such inspections as a condition of the continued employment. I authorize Gregory Construction to make payroll deductions should I become indebted to Gregory Construction. Upon my termination, I agree to pay all accounts in full.

I certify that I understand the physical requirements in the job description for which I am applying, and I understand that those physical requirements are essential to the position. I certify that I am physically able to perform those physical requirements or that I will request a reasonable accommodation to allow me to perform the essential functions of the position.

I have read the foregoing agreement and accept the terms therein stated.

Signature _____ Date _____

Gregory Construction is an equal opportunity employer. It has been and continues to be the policy of Gregory Construction to seek and employ the best qualified personnel available regardless of race, color, religious creed, national origin, gender, disability, union or non-union status, age, military service or other legally protected status.

Due to the nature of construction work, this application will be considered active for only thirty (30) days. If you are not called for an interview or hired during this period, it will be necessary to reapply for further consideration.

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Drug & Alcohol Free Workplace Policy

Policy Regarding Employees' Use of Illegal Drugs and Alcohol

Reference: Federal Drug Free Workplace Act of 1988; Public Law 100-690 Stat. 4181

Gregory Construction does not tolerate the presence of alcohol, illegal drugs, or illegal use of legal drugs in our workplace. The use, possession, distribution, or sale of controlled substances such as drugs or alcohol, or being under the influence of such controlled substances is strictly prohibited while on duty, while on the company's premises or worksites, or while operating the company's equipment or vehicles. The use of illegal drugs as well as illegal use of legal drugs is a threat to us all because it promotes problems with safety, customer service, productivity, and our ability to survive and prosper as a business. If you need to take a prescription drug that affects your ability to perform your job duties, you are required to discuss possible accommodations with your supervisor. Violation of this policy will result in disciplinary action, up to and including termination.

Prior to employment, each potential employee must undergo a drug test. If you voluntarily leave employment within the 90-day probation period, the cost of the pre-employment drug test will be deducted from your last paycheck. Gregory Construction may also require employees to take random drug tests during their employment with the company. A positive result on any such drug test is grounds for immediate termination.

Any employee who is convicted of violating criminal drug statutes must notify an appropriate officer or senior official of Gregory Construction of that conviction within five days of the conviction. Failure to do so may lead to disciplinary action.

By signing below, I indicate that I understand this policy and if contacted for possible hire, consent for a pre-employment drug screen.

Signature _____ Date _____

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Affirmative Action Voluntary Information

COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY.

Position Applied For _____ Date _____

Referral Source

Walk-In _____ Government Employment Agency _____ Private Employment Agency _____

Employee _____ Relative _____ School _____ Advertisement _____ Other _____

Applicant Information

Name _____ Phone _____

Address _____

Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

American Indian/Alaskan Native _____ Hispanic/Latino _____ Black/African American _____

Native Hawaiian/Other Pacific Islander _____ White/Caucasian _____ Asian _____

Administrative Use Only

Position (s) applied for Available _____ Not Available _____ Not Qualified _____

Other positions considered for: _____

Hired? _____

Position Hired For: _____ Date of Hire _____

Completed by: _____