

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, AND ANY OTHER LEGALLY PROTECTED STATUS. IT IS OUR POLICY TO ABIDE BY ALL FEDERAL, STATE, AND LOCAL LAWS CONCERNING DISCRIMINATION IN EMPLOYMENT. NO QUESTION IN THIS APPLICATION IS INTENDED TO ELICIT INFORMATION IN VIOLATION OF ANY SUCH LAW NOR WILL ANY INFORMATION OBTAINED IN RESPONSE TO ANY QUESTION BE USED IN VIOLATION OF ANY SUCH LAW.

NUESTRA EMPRESA OFRECE IGUALDAD DE OPORTUNIDAD EN EL TRABAJO. TOMAMOS EN CUENTA A CANDIDATOS PARA TODOS LOS PUESTOS, CUALQUIERA SEA SU RAZA, COLOR, RELIGION, SEXO, ORIGEN, EDAD, ESTADO CIVIL O DE VETERANO, CONDCIONES MEDICAS NO RELACIONADAS AL TRABAJO, DESVENTAJAS FISICAS Y CUALQUIER OTRA CATEGORIA QUE SEA PROTEGIDA POR LA LEY. ES NUESTRA POLITICA RESPETAR TODAS LAS LEYES FEDERALES, ESTATALES Y LOCALES, RELACIONADAS A LA DISCRIMINACION EN EL EMPLEO. LAS PREGUNTAS FORMULADAS EN ESTA SOLICITUD NO TIENE LA INTENCION DE VIOLAR NINGUNA DE DICHAS LEYES. NINGUNA INFORMACION QUE OBTENGAMOS EN RESPUESTA A CUALQUIER PREGUNTA FORMULADA SERA USADA EN VIOLACION DE DICHAS LEYES.

PERSONAL INFORMATION INFORMACION PERSONAL			DATE OF APPLICATION: FECHA DE SOLICITUD		
LAST NAME APELLIDO		FIRST NOMBRE	MIDDLE INICIAL		HOW LONG AT PRESENT ADDRESS: QUE TANTO A PERMANECIDO EN ESTA DIRECCION
STREET ADDRESS: DIRECCION DE DOMICILIO				HOME PHONE: # TELEFONO DOMICILIO	
CITY: CUIDAD		STATE: ESTADO	ZIP CODE: CODIGO POSTAL		CELL PHONE: # CELULAR
WERE YOU PREVIOUSLY EMPLOYED BY THIS COMPANY? HA SIDO ANTERIORMENTE EMPLEADO EN ESTA EMPRESA? ___ YES ___ NO IF YES, DATE(S) SI SU REPUESTA ES "SI" DE FECHA				SUPERVISOR: NOMBRE DEL SUPERVISOR	
WERE YOU PREVIOUSLY APPLIED FOR WORK AT THIS COMPANY? ___ YES ___ NO HA SOLICITADO PARA EMPLEO CON ESTA EMPRESA? ___ SI ___ NO IF YES, DATE(S) SI SU RESPUESTA ES "SI" DE LA FECHA				SUPERVISOR: NOMBRE DEL SUPERVISOR	
POSITION APPLYING FOR: POSICION QUE SOLICITA				FULL-TIME TIEMPO COMPLETO	
PLEASE CIRCLE POR FAVOR CIRCULE				PART-TIME TIEMPO PARCIAL	
ARE YOU WILLING TO WORK OVERTIME: ___ YES ___ NO ESTA DISPUESTO TRABAJAR TIEMPO COMPLETO ___ SI ___ NO				WAGES EXPECTED: SALARIO DESEADO	
ARE YOU CURRENTLY EMPLOYED: ___ YES ___ NO ESTA TRABAJANDO EN ESTE MOMENTO ___ SI ___ NO				DATE AVAILABLE FOR WORK: FECHA DISPONIBLE PARA TRABAJAR:	
EDUCATION AND TRAINING (EDUCACION Y ENTRENAMIENTO)					
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 DEGREE:					
ICIRCULE EL GRADO ALCANZADO					
LAST SCHOOL ATTENDED: ULTIMA ESCUELA ATENDIDA					
LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, SECOND LANGUAGE, CERTIFICATES OR LICENSES: INDIQUE CUALQUIER OTRA EDUCACION, ENTRENAMIENTO, HABILIDADES ESPECIALES, OTRO IDIOMA, CERTIFICADOS O LICENCIAS QUE TENGA					
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED TO OPERATE: INDIQUE LAS MAQUINAS YO EPIUPO QUE TIENE HABILIDAD DE OPERAR					
EXPERIENCE IN: EXPERIENCIA	YEARS ANOS	EXPERIENCE IN: EXPERIENCIA	YEARS ANOS	EXPERIENCE IN: EXPERIENCIA	YEARS ANOS
CURB & GUTTER		CATCH BASINS		FORM SETTING	
CORDON		CAJONES DE DRENAJE		FORMIAR	
SIDEWALK		HEADWALLS		STRUCTURES	
BANQUETA		PAREDES		ESTRUCTURAS	
ARE YOU ABLE TO PERFORM THE JOB(S) FOR WHICH YOU ARE APPLYING? ___ YES ___ NO PUEDE DESEMPENAR EL TRABAJO(S) QUE ESTA SOLICITANDO ? ___ SI ___ NO					
DO YOU HAVE YOUR OWN TOOLS? ___ YES ___ NO TIENE SUS PROIAS HERRAMIENTAS ? ___ SI ___ NO					

LIST ANY RELATIVES OR FRIENDS WORKING FOR THIS COMPANY	NAME	NOMBRE	RELATIONSHIP	RELACION
NOMBRES DE PARIENTES O AMIGOS QUE TRABAJAN EN ESTA EMPRESA				

LIST PREVIOUS ADDRESSES DURING THE LAST FIVE (5) YEARS
INDIQUE SUS DOMICILIOS ANTERIORES DURANTE LOS ULTIMOS CINCO (5) AÑOS :

STREET ADDRESS, CITY, STATE, ZIP DIRECCION DE CALLE , CUIDAD, ESTADO , CODIGO POSTAL	FROM:	TO:
STREET ADDRESS, CITY, STATE, ZIP	FROM:	TO:
STREET ADDRESS, CITY, STATE, ZIP	FROM:	TO:

PREVIOUS EMPLOYERS

COMPANY: EMPRESA	TYPE OF BUSINESS: TIPO DE NEGOCIO
ADDRESS: DIRECCION	PHONE: # TELEFONO
NAME AND TITLE OF SUPERVISOR: NOMBRE Y TITULO DEL SUPERVISOR	EMPLOYED (MONTH & YEAR) FROM: TO: EMPLEADO (MES Y AÑO) DESDE HASTA
	WAGES: STARTING: LAST: SALARIO : EMPEZO TERMINO
STATE LAST JOB TITLE AND DESCRIBE YOUR POSITION: INDIQUE ULTIMO TITULO DE PUESTO Y DESCRIBALO	EMPLOYED: FULL-TIME PART-TIME EMPLEADO TIEMPO COMPLETO PARCIAL
	MAY WE CONTACT: YES NO PODEMOS CONTACTAR ? SI NO
	REASON FOR LEAVING: MOTIVO DE RETIRO O RENUNCIA:
COMPANY: EMPRESA	TYPE OF BUSINESS: TIPO DE NEGOCIO
ADDRESS: DIRECCION	PHONE: # TELEFONO
NAME AND TITLE OF SUPERVISOR: NOMBRE Y TITULO DEL SUPERVISOR	EMPLOYED (MONTH & YEAR) FROM: TO: EMPLEADO (MES Y AÑO) DESDE HASTA
	WAGES: STARTING: LAST: SALARIO : EMPEZO TERMINO
STATE LAST JOB TITLE AND DESCRIBE YOUR POSITION: INDIQUE ULTIMO TITULO DE PUESTO Y DESCRIBALO	EMPLOYED: FULL-TIME PART-TIME EMPLEADO TIEMPO COMPLETO PARCIAL
	MAY WE CONTACT: YES NO PODEMOS CONTACTAR ? SI NO
	REASON FOR LEAVING: MOTIVO DE RETIRO O RENUNCIA:

REFERENCES - LIST BUSINESS PERSONS KNOW, BUT NOT RELATED TO YOU, OTHER THAN THOSE LISTED ABOVE.
INDIQUE DATOS DE PERSONAS DE NEGOCIO QUE CONOCE, QUE NO SEAN PARIENTES SUYOS.

	NAME NOMBRE	TITLE TITULO	BUSINESS NEGOCIO	PHONE NO. # TELEFONO	YEARS KNOWN AÑOS
1					
2					
3					
4					

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT?
 NO PLEASE CIRCLE YES

HA SIDO UD. DECLARADO DE ALGUN CRIMEN EN LOS ULTIMOS SIETE (7) AÑOS, EXCLUYENDO DELITOS U OFENSAS MENORES , QUE NO HA SIDO ANULADO , BORRADO O SELLADO POR UNA CORTE ? SI NO

IF YES, PLEASE EXPLAIN. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED.
 SI SU RESPUESTA ES "SI" POR FAVOR EXPLIQUE. LA DECLARACION DE UN CRIMEN NO ES IMPEDIMENTO AUTOMÁTICO PARA SER CONTRATADO. SE CONSIDERARAN TODAS LAS CIRCUNSTANCIAS.

APPLICANT'S CERTIFICATION - PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTION AND THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IN THE APPLICATION MAY RESULT IN MY DISCHARGE. I AUTHORIZE YOU TO COMMUNICATE WITH THOSE EMPLOYERS I DESIGNATED, SCHOOL OFFICIALS AND PERSONS NAMED AS REFERENCES CONCERNING MY SKILLS, CHARACTER, AND RESPONSIBILITY. IF EMPLOYED, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITHOUT PRIOR NOTICE, AND THAT MY EMPLOYMENT WILL NOT BE GOVERNED BY ANY EXPRESSED OR IMPLIED CONTRACT BY IS AT-WILL.

DECLARACION DEL CANDIDATO (FAVOR DE LEER CON CUIDADO ANTE DE FIRMAR)

DECLARO QUE, SEGUN MIS CONOCIMIENTOS Y CREENCIAS , LAS RESPUESTAS QUE HA DADO A LAS PREGUNTAS FORMULADAAS Y LAS AIRRMACIONES QUE HA HECHO EN ESTA SOLICITUD, SON CORRECTAS Y COMPLETAS. TANGO ENTENDIDO QUE LAS DACLARACIONES FALSAS U OMISSION DE HECHOS EN ESTA SOLICITUD PODRAN RESULTAR EN MI DESPIDO DE LAS EMPRESA. AUTORIZO A LA EMPRESA A COMUNICASE CON LOS PATRONES QUE INDIQUE Y CON FUNCIONARIOS DE ESCUELAS YO CON PERSONAS CUYOS NOMBRES HE DADO COMO REFERENCIAS, PARA QUE LA EMPRESA PUEDA ENTERARSE DE MIS HABILIDADES, CARACTER Y SENTIDO DE RESPONSABILIDAD. SI LA EMPRESA ME EMPLEA, TENGO ENTENDIDO Y ESTOY DE ACUERDO ENQUE PUEDE TERMINARSE EN CUALQUIER MOMENTO, SIN AVISO PREVIO. TENGO TAMBIEN ENTENDIDO QUE MI EMPLEO NO SERA BAJO CONTRATO EXPLICITO NI SUPUESTO , SINO A VOLUNTAD DE LA EMPRESA

APPLICANT'S SIGNATURE: FIRMA DEL CANDIDATO	DATE: FECHA
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SUBSTANCE ABUSE STATEMENT

IN ORDER TO PROVIDE OUR EMPLOYEES A SAFE AND HEALTHFUL WORKING ENVIRONMENT, H.W.JOHNSON CONCRETE CONSTRUCTION LLC IS COMMITTED TO A DRUG AND ALCOHOL FREE WORK PLACE.

THIS COMPANY WILL NOT TOLERATE THE UNAUTHORIZED USE, ABUSE, POSSESSION OR SALE OF ANY CONTROLLED SUBSTANCE. EMPLOYEES MAY BE REQUIRED TO SUBMIT TO RANDOM DRUG AND ALCOHOL TESTING.

I UNDERSTAND THAT THIS IS A CONDITION OF EMPLOYMENT, AND THAT ANY VIOLATION OF COMPANY POLICY IS GROUNDS FOR SUSPENSION OR TERMINATION.

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

DECLARACION DE ABUSO DE SUBSTANCIA

PARA PROPORCIONAR A NUESTROS EMPLEADOS UNA SEGURA Y UN AMBIENTE DEL FUNCIONAMIENTO SALUDABLE

H.W.JOHNSON CONCRETE CONSTRUCTION LLC, SE COMPROMETE A UN LUGAR DE TRABAJO QUE ES LIBRE DE DROGAS Y ALCOL. ESTA COMPANIA NO TOLERARA EL USO DESAUTORIZADA, ABUSO POSESION O LA VENTA DE CUALQUIERA SUBSTANCIA, LOS EMLPEADOS SERAN EXIDIGO SOMETER COMPEOBACION DE DROGA Y ALCOL.

YO ENTIENDO EQUE QUE ESTA ES UNA CONDICION DE EMPLEO, Y QUE CUALQUIER VILLACION POLICITADA DE LA COMPANIA, SERA RAZON PARA SUSPENSION O TERMINACION DE EMPLEO.

FIRMA: _____ FECHA: _____

TESTIGO: _____ FECHA: _____

**CONSENT TO PROCUREMENT OF AN
INVESTIGATIVE CONSUMER REPORT**

I understand that as a condition of my consideration for employment with H. W. Johnson Concrete Construction LLC, or as a condition of my continued employment with H. W. Johnson Concrete Construction LLC, H. W. Johnson Concrete Construction LLC, may obtain a consumer report that includes, but is not limited to, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records and any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to H. W. Johnson, Concrete Construction LLC's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, H. W. Johnson Concrete Construction LLC will provide me with a copy of any such report if the information contained in such a report is in any way to be used in making a decision regarding my fitness for employment with H. W. Johnson Concrete Construction LLC. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed name of Applicant or Employee

Applicant Data Record

Applicants and employees are considered for all positions and will not be subjected to adverse treatment with regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the **Applicant Data Record**. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the application for employment.

(Please Print)

Date _____

Name _____

Position(s) applied for _____

Referral Source (check one): Advertisement Friend Relative Employment Agency
 Walk-In Other _____

Affirmative Action Survey

Government agencies require periodic reports specifying the gender, ethnicity, identity of individuals with Disabilities, and the Veterans status of applicants. This data is for analysis and Affirmative action only.

Submission of information is voluntary

Gender (check one) Female Male Decline

Race/Ethnic Group (check one): Asian/Pacific Islander Black Caucasian
 Hispanic Native American/Alaskan Native
 Two or more races

I Respectively Decline to Respond to the Affirmative Action Survey