



Employment Application Form

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

E-mail address _____ Social Security No. _____ - _____ - _____

Telephone (cell) (____) _____ Telephone (home) (____) _____

Position applied for? _____ When can you start? _____

Salary desired _____
 (Be specific)

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade/Technical School				

Please list two references other than relatives or previous employers.

Name _____	Name _____
Relationship _____	Relationship _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____



EMPLOYMENT APPLICATION FORM

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Endorsements/Restrictions _____

Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any traffic violations during the past three years? _____ How Many? _____

Please explain _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1) Name of employer Address City, State, Zip Code Phone number	Employment dates From To	Pay or salary Start Final
Your last job title		
Reason for leaving (be specific)		

2) Name of employer Address: City, State, Zip Code Phone number	Employment dates From To	Pay or salary Start Final
Your Last Job Title		
Reason for leaving (be specific)		

3) Name of employer Address: City, State, Zip Code Phone number	Employment dates From To	Pay or salary Start Final
Your last job title		
Reason for leaving (be specific)		

May we contact your present employer? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Goodrich Construction Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Goodrich Construction Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of the Company. Both the undersigned and Goodrich Construction Inc., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.