

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

Position(s) Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address (Number – Street) _____ City _____ State _____ Zip Code _____

How Long at this Address? _____

Previous Address _____

Phone Number _____

List other names under which you attended school or were employed _____

How did you learn about DESCOCO Design and Construction, Inc.?

_____ Advertisement _____ Friend _____ Walk-In
_____ Employment Agency _____ Relative _____ Other _____

Do you have any friends or relatives employed by DESCOCO Design and Construction, Inc.?

_____ Yes List name(s) _____

_____ No

When are you available for work? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

**Note: Proof of citizenship or immigration status will be required upon employment.
(An I-9 Form must be completed)**

Have you ever filed an application with DESCOCO Design and Construction, Inc. before?

_____ Yes Give date _____ _____ No

Are you currently employed? _____ Yes _____ No

Are you on a "lay-off" status and subject to recall? _____ Yes _____ No

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or any other crime involving honesty?

(An affirmative answer will not necessarily preclude employment.)

_____ Yes _____ No

If yes, give date, place, charge and disposition. _____

Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.

Do you have any limitations regarding hours that you can work? _____ Yes _____ No

If yes, explain _____

Do you have any travel restrictions? _____ Yes _____ No

If yes, explain _____

Do you have any transportation? _____ Yes _____ No

Do you have a current Drivers License? _____ Yes _____ No (State _____ Class _____ Expiration Date _____)

_____ No

List all moving motor violations (other than parking) for the last 3 years.

Do you have a current:

First Aid Certification Yes No Expiration Date _____ Certifying Agency _____
 CPR Certification Yes No Expiration Date _____ Certifying Agency _____
 AED Certification Yes No Expiration Date _____ Certifying Agency _____
 OSHA 10 Hour Construction Safety Certification Yes No

U.S. Military Service

Branch of Service _____ Length of Service _____ Rank/Rate at discharge _____

Are you a member of the Armed Service Reserve? Yes No
 Are you a member of the R.O.T.C? Yes No

NOTE TO APPLICANTS:

DO NOT ANSWER THE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the functions of the job which you have applied? Yes No

Please describe how, with or without reasonable accommodation, you will perform the functions of your job. _____

Education

Name & Address of School Course of Study Years Completed Diploma/Degree

High School				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

Employment Experience: (If you need additional space, please continue on a separate sheet of paper.)

Start with your most present or last job. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability or other protected status.

Name of Employer		Address (City, State)	Telephone Number
Date Started	Starting Salary/Wage	Starting Position	
Date Stopped	Ending Salary/Wage	Position at Time of Leaving	
Name & Title of Supervisor		Reason for Leaving	
Brief Description of Your Responsibilities			

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Comments (including explanation of any gaps in employment): _____

List professional ,trade, business or civic activities and offices held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

References: Do not list relatives or employers

Name	Address	Telephone number

Important Authorization and Understanding

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand, that if I am hired, any false or misleading information of my application may subject me to discharge at any time during my period of employment.

2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. No written, oral, or implied contracts. I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements, or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. Benefits may be altered. I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.

6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature

Date
