



PRESERVING THE PAST • BUILDING THE FUTURE

Application for Employment

Date

/ /

It is the policy of GARDEN CITY CONSTRUCTION, INC. to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, ancestry, marital status, disability as defined by law, sexual orientation, or any other basis protected by law.

PERSONAL DATA

Name (First)	(Last)	(Middle)	Social Security Number
Present Address (Street)	(City & State)	(Zip)	(Home Phone) / (Business Phone)
Permanent Address (If different from present address)			
Are you over 18 years old? Yes No	If not, can you furnish a work permit? Yes No		
If hired, would you have a means of reliable transportation to and from work? Yes No			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No			
In accordance with the Immigration Reform and Control Act of 1986, proof of employment eligibility and identification will be required on your first day of employment			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No		If no, please describe the functions that you cannot perform:	
(We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)			

EMPLOYMENT DESIRED

Position Desired				Have you ever been employed by us? If yes, give dates Yes No				
Salary Requirements				Date available for employment				
How did you learn of this opening?				Have you ever interviewed with us?				
Hours available	From / To	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Are you available to work overtime, if necessary?				Date available for employment				
Are you applying for regular full-time work? Yes No				Are you applying for regular part-time work? Yes No				
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No				If yes, state nature of the crimes(s), when and where convicted and disposition of the case.				
Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No				If yes, which language(s)?				
Convictions are not an absolute bar to employment, but will be considered only in relation to specific job requirements								

EDUCATION

		Did you attend school under a different name Yes No Name:	
High School		Grade Point Average	
Location	Graduate? Yes No		
College	No. of years attended	Major GPA	
Location			Overall GPA
Major Emphasis	Degree Completed Yes No		Level/Type of Degree
College	No. of years attended	Major GPA	
Location			Overall GPA
Major Emphasis	Degree Completed Yes No		Level/Type of Degree
College	No. of years attended	Major GPA	
Location			Overall GPA
Major Emphasis	Degree Completed Yes No		Level/Type of Degree
College	No. of years attended	Major GPA	
Location			Overall GPA
Major Emphasis	Degree Completed Yes No		Level/Type of Degree

EMPLOYMENT HISTORY

Please complete in detail starting with PRESENT employer, list ALL employment and explain any time not accounted for, attach resume for additional information.				
Any offer of employment will be contingent upon a satisfactory completion of a reference check		May We contact your current employer prior to making an offer? Yes No		
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
		From Mo./Yr.	To Mo./Yr.	Ending Salary
Address			Other compensation (e.g. bonus, commission, etc.)	
Your position, title and duties			Amount of other compensation \$ per	
Reason for leaving			Did you work in this position under a different name? Yes No If yes, give name:	
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
		From Mo./Yr.	To Mo./Yr.	Ending Salary
Address			Other compensation (e.g. bonus, commission, etc.)	
Your position, title and duties			Amount of other compensation \$ per	
Reason for leaving			Did you work in this position under a different name? Yes No If yes, give name:	

Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
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Address				Other compensation (e.g. bonus, commission, etc.)
Your position, title and duties				Amount of other compensation \$ per
Reason for leaving				Did you work in this position under a different name? Yes No If yes, give name:
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
		From Mo./Yr.	To Mo./Yr.	Ending Salary
Address				Other compensation (e.g. bonus, commission, etc.)
Your position, title and duties				Amount of other compensation \$ per
Reason for leaving				Did you work in this position under a different name? Yes No If yes, give name:

References: List below three persons not related to you, who have knowledge of your work performance within the last three years.

Name *Phone #* *Physical Address* *Occupation*

Name *Phone #* *Physical Address* *Occupation*

Name *Phone #* *Physical Address* *Occupation*

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all the information provided on this application (and accompanying resume, if any) is true and complete. I agree that any falsified statements, omissions, or any other form of misrepresentation in the application process may disqualify me from further consideration and may result in termination if discovered at a later time (regardless of the time elapsed before discovery).

I authorize a thorough investigation of my references, past work record, education, credit history, criminal records, and other matters or activities in order to assess my suitability for employment. I agree to fully cooperate in such investigation, and release from all liability or responsibility all persons requesting, communicating, reviewing, or evaluating such information. I further authorize any physician or hospital to release any necessary information pertaining to any position that may be offered to me at this time, or at a later date.

I understand that, according to law, all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the documentation within the time required by law. I further understand that any offer of employment may be contingent upon my ability to successfully pass a job-related physical examination, which may include a drug screen.

I understand that nothing contained in the application process (including interviews) is intended to create an employment contract between the company and me. I also agree that employment at the company is at will. I understand and agree that my employment would be for no definite period or determinable period of time and may be terminated at any time, for any or no reason, with or without prior notice, by me or the company. I also understand and agree that no promises or representations contrary to the foregoing are binding on the company unless they are made in writing and that writing is signed by me and the company's designated official.

I have carefully read all the above and I voluntarily grant the above release. I also agree that if I am hired I will be required and will abide by all the rules and regulations of the company.

Applicant's Signature _____

Date _____

Voluntary Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, sex, national origin, religion, marital or veteran status, sexual orientation, medical condition or disability.

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

Government agencies require periodic reports of the sex, religion, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Submission of information is voluntary.

Last Name	First Name	Date	Position Applied For
Check One	Check if Applicable		
Male Female	Vietnam Veteran	Disabled Veteran	Disabled Individual
Check One			
Other	Black	Hispanic	American Indian/Alaskan Native Asian/Pacific Islander

Authorization and Release for Background Investigation

(Keep in secure files separate from personnel records)

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from A Matter of Fact, including: credit reports, social security number scans, address history, criminal records, employment history, education, civil court filings, driving records, and workers comp records. Reports will include information such as: my work habits, salary history, performance, education (including GPA), experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize **Garden City Construction, Inc.** (hereinafter "Employer") or any of its employees or agents to obtain the information referred to above in connection with the processing of my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. As allowed by law, I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, Fax, or copy form.

Applicant's Signature: _____ Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please Print Clearly

Print Full Legal Name: _____ Sex: Male Female

Other names used: Name: _____ Dates Used: _____ to _____,

Name: _____ Dates: _____ to _____, Name: _____ Dates: _____ to _____

Birth Date (mm-dd-yy): ____ - ____ - ____ U.S. Social Security #: ____ - ____ - ____

Non-U.S. IDs (if any) & Issuing Country: _____

Current Drivers License #: _____ Issuing State/Country: _____

Other Drivers License/ID #s & Issuing State/Country (last 7 years only): _____

I wish to receive a copy of any credit report that is prepared: Yes No

I wish to receive a copy of any report that is prepared: Yes No

Home Addresses (for the last 7 years, list current home address first -- use back for more space):

• Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____ - _____

• Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____ - _____

• Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____ - _____

• Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____ - _____

Check here if addresses are listed on Back 04/22/04 ©1994-2004 A Matter of Fact, all rights reserved