

Cobb Site Development
APPLICATION FOR EMPLOYMENT
 (Valid for only 90 days)

An Equal Opportunity Employer

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

 Last Name (Please Print) First Middle Social Security Number Date

 Present Address Street City/State Zip Code Telephone Number

Position applying for _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you **ever** been convicted of a felony? Yes No. If **Yes**, give dates and explain, (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? Yes No. If under 18 years old, date of birth _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School	_____			
College	_____			
Graduate School	_____			
Trade, Bus., Night, or Corres.	_____			
Other	_____			

Other skills: List any other job-related skills or qualifications that support your application. _____

Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If **Yes**, identify names and relevant dates.

Have you had prior educational experience which relates to the job for which you are applying? Yes No

If **Yes**, describe:

Are you a veteran of the U.S. Military Service? Yes No If **Yes**, what branch of Service? _____

If **Yes**, beginning date and ending date of active duty: From: _____ Yr/Mo To: _____ Yr/Mo

Date of Discharge from Military Service: _____

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment** and **military service**. (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From / To)	Work Performed
Address		
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor		Telephone No. ()
Reason for Leaving		

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Immediate Supervisor		Telephone No. ()
Reason for Leaving		

Have you ever been dismissed or forced to resign from any employment? Yes No If Yes, please explain.

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
Address		City / State

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If Yes, explain:

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Spouse: _____
Name Address Where Employed

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

CHARACTER REFERENCES:

List three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give dates: _____

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

I agree in advance if there is a workmens' compensation or health claim, I the undersigned agree to an illegal substance and alcohol testing and understand that if I test positive my benefits, if any, will be severely cut or none at all.

Signature _____ Date _____

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

3rd Party Consent Form

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

Address _____
(Street Address) (City) (State) (Zip)

Birthdate _____ Telephone Number _____
(MMDDYYYY)

Driver's License Number _____

I hereby authorize _____ and **Construction Underwriters Inc**
(Employer) (Insurance Agency)

to obtain my driver's license record information including my personal information on those records.

X _____
Signature (Date)

Please note the following information is for educational purposes only and does not constitute legal advice. The Summary of Rights and State Law Disclosures must be provided apart from the disclosure paragraph. Please consult with counsel prior to using this form as part of your screening process.

FOR EMPLOYMENT

**FAIR CREDIT REPORTING ACT DISCLOSURE
FOR THE PROCUREMENT OF CONSUMER
REPORTS**

_____ (the "Company") may request consumer reports, as defined by the federal Fair Credit Reporting Act, on you from a consumer reporting agency in connection with your employment application and for employment purposes. A consumer report is a compilation of information that might affect your employability. These reports may contain information about your character, general reputation, personal characteristics and mode of living. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

THE SCREENING WILL BE CONDUCTED BY AN OUTSIDE AGENCY: Inflection Risk Solutions, LLC d/b/a GoodHire

P.O. Box 391403 Omaha, NE 68139 | Phone: 1.888.906.7351 | Fax: 650.362.1933 | support@goodhire.com | www.goodhire.com

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I authorize _____ (“the Company”) to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners. The Company will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization. I understand that if the Company hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows. I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

- I authorize GoodHire and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name

Legal Guardian Name (if applicant is under 18)

Applicant/Legal Guardian Email

Applicant/Legal Guardian Signature

Date

- Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com