

APPLICATION FOR EMPLOYMENT



FULL LEGAL NAME: (AS SHOWN ON YOUR SS CARD)	DL#:		
PRESENT ADDRESS:	CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:	HOW DID YOU HEAR ABOUT US:		
HOME TELEPHONE NUMBER:	CELL PHONE NUMBER:		

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

HOW LONG HAVE YOU LIVED AT YOUR PREVIOUS ADDRESS? _____

DO YOU CURRENTLY OWN A VEHICLE? _____ YEAR _____ MAKE _____ MODEL _____

HAVE YOU HELD A CDL LICENSE FOR AT LEAST TWO YEARS? _____ CLASS? _____

DO YOU HAVE EXPRIENCE DELIVERING ROLL-OFF DUMPSTERS: _____

DO YOU CARRY ANY SPECIAL ENDORSEMENTS? _____

ARE YOU LEGALLY ELEGIBLE TO WORK IN THE UNITED _____

STATES? IF APPLICABLE, IS YOUR GREEN CARD CURRENT AND _____

VALID? LIST ALL LANGUAGES ARE YOU FLUENT IN: _____

DO YOU SMOKE OR USE ANY TYPE OF TOBACCO PRODUCTS? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF SO EXPLAIN: _____

DO YOU HAVE A HIGH SCHOOL OR COLLEGE DIPOLMA? _____ TYPE OF DEGREE? _____

GENERAL INFORMATION:

Subjects of special study/research	
Work or special training/skills:	
U.S. Military Service:	Rank:

EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
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EMPLOYMENT HISTORY:

NAME OF COMPANY:		ADDRESS/PHONE NUMBER:	
START DATE:	END DATE:	POSITION:	SALARY:
REASON FOR LEAVING:		LAST SUPERVISOR:	

NAME OF COMPANY:		ADDRESS/PHONE NUMBER:	
START DATE:	END DATE:	POSITION:	SALARY:
REASON FOR LEAVING:		LAST SUPERVISOR:	

NAME OF COMPANY:		ADDRESS/PHONE NUMBER:	
START DATE:	END DATE:	POSITION:	SALARY:
REASON FOR LEAVING:		LAST SUPERVISOR:	

DO YOU HAVE EXPERIENCE DRIVING THE FOLLOWING: ROLL-OFF TRUCK FRONT LOAD TRUCK

OTHER TYPES OF VEHICLES: _____

HAVE YOU EVER BEEN FIRED FROM A JOB FOR A SAFETY VIOLATION? IF SO, PLEASE EXPLAIN _____

PLEASE LIST ANY SKILLS THAT YOU FEEL WILL HELP YOU IN YOUR DESIRED POSITION: _____

DO YOU HAVE ANY MEDICAL ISSUES THAT WOULD KEEP YOU FROM PERFORMING THE DUTIES REQUIRED FOR THIS POSITION? IF YES, PLEASE EXPLAIN:

EQUAL EMPLOYMENT OPPORTUNITY:

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

American Indian / Alaskan

Asian / Pacific Islander

Hispanic / Latino

Black / African American

White / Caucasian

Other

REFERENCES:

Name	Address / Phone Number	Relationship	Years Known

AUTHORIZATION:

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Global Renovation and Development, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquires in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Global Renovation and Development, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Global Renovation and Development, Inc. Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 days of regular employment represents a provisional period, during which I would not be eligible for apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature

Date

Interviewed By

Date

----- DO NOT WRITE BELOW THIS LINE -----

Neatness:	Character:
Personality:	Ability:

Hired:	For Dept:	Position:	Will Report:	Salary Wages:
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APPROVED:

1. _____ (Owner)
2. _____ (General Manager)
3. _____ (Manager)