# WEST COAST PAVING, INC.

# **APPLICATION FOR EMPLOYMENT**

## An Equal Opportunity Employer

Date:	PERSONAL INFORMA	TION:			Data		
Last       First       Middle         Other Names Used (to verify employment/educational history):							
Last       First       Middle         Other Names Used (to verify employment/educational history):	Name:				· · · · · · · · · · · · · · · · · · ·		
Present Address:	Last		First		Middle		
Street     City     State     Zip       Permanent Address:	Other Names Used (to	verify employment/	educational l	history): _			
Street     City     State     Zip       Permanent Address:	Procent Address						
Street     City     State     Zip       Telephone Number-DAY:	Present Address.	Street		City		State	Zip
Street     City     State     Zip       Telephone Number-DAY:							
Telephone Number-EVENING:	Permanent Address:	Street		City		State	Zip
Telephone Number-EVENING:							
Are you over 18 years of age?       YES       NO         EMPLOYMENT DESIRED:       Position: Date Available:Compensation Desired:	Telephone Number-DA	Y: ()		Messa	ige Number: <u>(</u>	)	
EMPLOYMENT DESIRED:         Position:       Date Available:       Compensation Desired:         ( ) Full Time ( ) Part Time Specify Hours / Days:	Telephone Number-EV	ENING: <u>(</u> )		Fax N	umber: <u>( )</u>		
EMPLOYMENT DESIRED:         Position:       Date Available:       Compensation Desired:         ( ) Full Time ( ) Part Time Specify Hours / Days:				-			
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( ) Full Time       ( ) Part Time       Specify Hours / Days:	EMPLOYMENT DESIR	ED:					
Are you available to work overtime as needed?       If Yes: Weekdays?       Weekends?         If the position for which you are applying requires driving of any vehicle, provide the following:       Itemse Number:       Weekends?         License Number:       Issuing State:       Type:       Expiration Date:       Period         * Please note: You must be qualified, licensed, and insurable in order to hold any position that requires driving.       EDUCATION: Name & Location of school       Major or course of Study       Number of Years Completed       Certificate or degree Earned         Last High School       Trade / Business /Correspondence School(s)       Trade / Business /Correspondence School(s)       Environ	Position:	Date /	Available:		Compensation	Desired:	
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License Number:       Issuing State:       Type:       Expiration Date:         *Please note: You must be qualified, licensed, and insurable in order to hold any position that requires driving.         EDUCATION: Name & Location of school       Major or course of Study       Number of Years Completed       Certificate or degree Earned         Last High School       Trade / Business /Correspondence School(s)       Image: School Schol School School Schol School School School School Schol School Sc	Are you available to we	ork overtime as nee	ded?	If Yes	s: Weekdays?	Weeke	nds?
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Study     Years Completed     Earned       Last High School	"Please note: You must	be qualified, licensed,	and insurable	in order to	noid any position tr	nat requires drivin	<i>'g</i> .
Study     Years Completed     Earned       Last High School			M		Number of	Castificates	
Trade / Business /Correspondence School(s)	EDUCATION: Name &	Location of school		ourse of			or degree
Trade / Business /Correspondence School(s)							
Trade / Business /Correspondence School(s)							
	Last High School						
College(s)	Trade / Business /Corr	espondence School(	s)				
College(s)	<u></u>						
	College(s)						
Graduate School	Graduate School						

#### SKILLS:

List the skills and licenses (including numbers) you possess that are relevant to the position you seek. Use additional paper if needed.

Please provide any additional information you believe should be considered in evaluating your qualifications for employment, including technical training/education, professional registrations, memberships and scholastic awards and honors. (You may exclude affiliations that might indicate race, color, religion, ancestry, sex, sexual orientation, national origin, disability, veteran status, marital status, medical condition, or any other classification protected by federal, state or local law.)

#### FORMER EMPLOYERS:

List employers below, most recent first, and describe employment for the last **five years.** Indicate periods of unemployment and the reason(s). Use additional paper if needed.

Date	Employers Name, Address And Supervisor's Name	Hourly Rate/ Salary	Position and Duties	Reason for Leaving	
From: To:					

#### **GENERAL:**

Have you ever been convicted of a crime? [Note: You need not identify convictions that have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any information pertaining to an offense which did not result in conviction as a result of referral to and participation in any pre-trial or post-trial diversion program, or any conviction entered more than two (2) years ago relating to marijuana for violation of Health and Safety Code Sections 11357(b) or (c) (or any statutory predecessor thereof), Health and Safety Code section 11360(c), or Health and Safety Code sections 11364, 11365, or 11550 as they related to marijuana offenses prior to January 1, 1976 (or any statutory predecessors thereof). **YES NO** 

Are you currently awaiting trial for any criminal offense? **YES NO** 

Have you ever initiated an act of violence in your workplace? **YES NO** 

A "yes" answer to any of the above questions will not necessarily disqualify you. Please explain any "yes" answers above fully so that individual circumstances can be considered. Use additional paper if needed.

If employed, can you produce verification of your legal right to work in the United States? \_\_\_\_\_\_(New employees are required to produce documents that verify their legal right to work in the United States and to declare under penalty of perjury that these documents are their own and genuine.)

Have you previously worked for or applied for a position at West Coast Paving either as an employee or through an employment agency?

**YES NO** If yes, Please explain when and if employed, the position held:

What prompted you to apply here? \_\_\_\_\_

If you were referred, please state by whom:

### **REFERENCES:**

Give names of three persons whom you have known for at least (1) year and who have personal knowledge of your work skills and history. Do not include any relative unless the relative was your employer or manager and is so identified.

Name and Address	Business	How Long Acquainted?

I, the undersigned, authorize the above named references to respond to West Coast Paving's request for confirmation of the in formation in this application, and for information about my skills, work history, character and general reputation. I hereby release the above-named references from all liability arising therefrom.

(Signature)

(Date)

I request and authorize investigation by West Coast Paving of all statements contained in this application. I understand that falsification (including misrepresentation or omission of facts called for) will result in immediate removal of my application from consideration or immediate discharge from employment arising from this application regardless of when such falsification is discovered. I request and authorize West Coast Paving to secure information related to this application and my experience, certification and/or licensure from former employers, educational institutions, sources of certification or licensing, and governmental/judicial agencies. I authorize those parties to provide such information to West Coast Paving and release them to West Coast Paving from any liability arising therefrom. I understand an offer of employment from West Coast Paving may be contingent upon the Company receiving satisfactory information as a result of a criminal conviction inquiry.

West Coast Paving's policy is to fill every position without regard to considerations made by federal, state, or local laws, such as race, color, religious creed, sex, marital status, age over 40, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, or any other consideration made unlawful by federal, state, or local laws. West Coast Paving is an equal opportunity employer and selects employees on the basis of ability, experience, training, and qualifications. Please contact the President of West Coast Paving if you have any questions or complaints regarding this policy.

### PLEASE NOTE:

You should not rely upon a contingent offer of employment from West Coast Paving or otherwise engage in any activity based upon a contingent offer of employment. Unless or until an offer is made that has no contingencies, you should not take any action that could result in financial loss if a contingent offer is withdrawn, such as giving notice of intent to terminate current employment, selling real estate, or incurring any other costs associated with accepting employment with West Coast Paving. No such activity should be undertaken until <u>after</u> West Coast Paving has informed you that the employment offer is no longer contingent.

#### APPLICANT'S CERTIFICATION AND AGREEMENT PLEASE READ CAREFULLY AND SIGN

If I am employed by West Coast Paving, I agree to conform to the rules and regulations of West Coast Paving and understand and agree that, except for the employment at-will status, my wages, hours, working conditions, job assignments(s) and compensation rate(s) are subject to change by West Coast Paving in its sole discretion. If employed, I understand that my employment can be terminated at will, with or without cause and with or without notice, at any time at the option of West Coast Paving or myself. I understand that, other than the President and Vice President of West Coast Paving, no manager, supervisor, or representative of West Coast Paving has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to at-will employment; only the President and Vice President of West Coast Paving has the authority to make any agreement contrary to the foregoing and then only in writing.

My signature below certifies that, if West Coast Paving employs me, I agree to the employment at-will relationship described above. I understand and agree that no person who is either an agent or employee of West Coast Paving may modify, delete, vary, or contradict, whether orally or in writing, this at-will relationship. This application contains all the understandings and agreements between me and West Coast Paving concerning the nature of employment, if any, by West Coast Paving.

(Signature)

(Date)

**PLEASE NOTE:** Unless West Coast Paving specifically arranges otherwise with you, the Company considers applications only for a 30-day period. If you wish to be considered for employment after 30 days from the date of your application, please reapply.