

Stevenson Utilities Construction, LLC
P.O. Box 2617
Springfield, Ohio 45501

Employment Application

** DOB*
** License #*
(Insurance)

It is the policy of this organization to provide equal opportunities, consistent with applicable law to all qualified persons without regard to race, religion, color, creed, sex, sexual orientation, age, national origin, ancestry, citizenship or disability.

PERSONAL - PLEASE PRINT ALL INFORMATION

Name _____ Other name(s) used _____
Last First Middle Social Security No. _____
Address _____ Zip _____
City/State _____
If less than three years, give prior address _____
Residence Phone _____ Business Phone _____ Cell Phone _____
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

EMPLOYMENT AVAILABILITY

Date of Application _____ How did you hear about this position? _____
Position(s) applying for 1) _____ 2) _____ Pay expected \$ _____
For which location(s) are you applying? _____
Status sought: Are you available for work Full-time (including Saturdays and Sundays)
 Part-time (indicate hours _____) Day shift only Evening shift only Summer (indicate dates) _____
 Shift work - shift preferred _____
Are you currently employed? Yes No May we contact your present employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No Dates available for work _____
Will you work overtime? Yes No If no, please indicate reason _____
Have you ever been employed with us before? Yes No If so, when? _____ In what position(s) _____
Have you ever applied with this organization before? Yes No Were you interviewed? Yes No
For what position(s)? _____

ELIGIBILITY

Are you legally entitled to work in the U.S.? Yes No (Proof of citizenship or immigration status will be required upon employment)
Have you ever been convicted of a crime other than minor traffic violations? Yes No If yes, explain _____
Do you have any moving traffic violations? Yes No If yes, please provide particulars _____
Do you possess a valid driver's license? Yes No If yes, please indicate which state _____
Have your driving privileges been suspended within the past three years? Yes No If yes, please provide particulars _____
At this time, are there any "points" on your driving record? Yes No
To the best of your knowledge, is there anything on your driving record which will prevent you from being insured to drive company vehicles? Yes No

EDUCATION HISTORY

HIGH SCHOOL

School Name _____ City/State _____

Did you receive a diploma? _____ If you did not graduate, indicate last year completed _____ Grade Point Average _____

Field of Study _____

COLLEGE

School Name _____ City/State _____

Number of years completed _____ Grade Point Average _____ Field of Study/Degree _____

OTHER SCHOOLING

School Name _____ City/State _____

Number of years completed _____ Grade Point Average _____ Field of Study/Degree _____

School Name _____ City/State _____

Number of years completed _____ Grade Point Average _____ Field of Study/Degree _____

SPECIAL COURSES/PROGRAMS (list courses/programs which you have taken that would benefit you for the position for which you are applying.)

SPECIAL TRAINING

Computer Skills _____

Technical/Trade Skills _____

MILITARY

Please complete this section if you served in the U.S. Armed Forces:

Branch of Service _____

Period of Active Duty (month & year) _____ to _____ Rank at Discharge _____

Describe duties and special training received _____

REFERENCES

Are you related to anyone who is employed at this organization? Yes No

Please list three persons NOT RELATED TO YOU who can provide information about your suitability for a position with this organization:

- | | |
|------------------------------------|--|
| 1) Name _____ | How long have you known this person? _____ |
| Address _____ | City/State _____ |
| How do you know this person? _____ | Phone _____ |
| 2) Name _____ | How long have you known this person? _____ |
| Address _____ | City/State _____ |
| How do you know this person? _____ | Phone _____ |
| 3) Name _____ | How long have you known this person? _____ |
| Address _____ | City/State _____ |
| How do you know this person? _____ | Phone _____ |

EMPLOYMENT HISTORY

List all prior employers during the last five years (starting with most current employer). Cover all periods of time, including periods of unemployment.

Name of Employer _____ Position Held _____
Address _____ City/State _____
Immediate Supervisor _____ Phone _____
Rate of Pay: Start _____ Final _____ Dates of Employment: Start Mo. _____ Yr. _____ Final Mo. _____ Yr. _____
Reason for Leaving _____
Briefly State Job Duties _____

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Reason for Leaving _____
Briefly State Job Duties _____

We may contact the employers listed above unless you indicate here that you do not want us to contact them. Please list any you do NOT want us to contact and give the reason you do not want us to do so. _____

MEMBERSHIP

Memberships in professional or civic organizations (exclude those which may disclose your race, color, religion, age, sexual orientation, or national origin.)

ADDITIONAL INFORMATION

Additional information you feel would be helpful to us in considering your application.

**IMPORTANT
PLEASE READ CAREFULLY BEFORE SIGNING**

Hiring is subject to: • Passing Pre-Employment Drug Screening • Satisfactory Reference Reports • Accuracy of Pre-Employment Information Furnished • Compliance with Immigration Reform Control Act of 1986.

I understand that if hired, employment at this organization is "at will," which means that either I or the organization can terminate my employment any time, with or without prior notice, and for any reason not prohibited by law. This "at will" status can only be changed by a written agreement signed by the president of the organization.

I hereby consent to undergo such pre- or post-medical examination(s) as required and which are permissible for employers to require under applicable law (which may include obtaining body tissue or fluid samples and analysis of same for drug/alcohol screening and/or other tests) and to execute any and all releases required by any entity or person performing such medical examinations.

My signature further constitutes my authorization for the organization to fully investigate any matter contained on this Application for Employment and for anyone with relevant information, including, but not limited to, schools, law enforcement agencies, courts, prior employers and prior supervisors, to provide such information to this company and I hereby fully release them from any liability for doing so. In addition, in the event I am employed, my signature constitutes my authorization for this company to secure any relevant and needed medical information about me from any physician, hospital, medical provider or insurance carrier having such information.

I hereby authorize my former employers and others to furnish their records of my service, my reason for leaving their employ, together with all information they may have concerning me. I also release any individual, partnership, or corporation which formerly employed me, its officers, agents, and employees from any liability for any damage whatsoever for issuing such information. Additionally, I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, or achievements they may have concerning me. I also release any individual, school, or institution, its officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

I understand that my signature constitutes my certification that all the responses given on this Application are complete and truthful. Where I have left an item blank, I have no information concerning such item. I understand and agree that any falsification or omission either on this form or in response to any questions asked of me during any interview I may have, or on any employment forms I may subsequently complete, including "I-9" forms, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

Date

Signature of Applicant