

135 E. Railroad Ave. Monrovia, CA 91016

530 Opper Street, Suite A Escondido, CA 92029

2615 S. 40th Street Suite A Phoenix, AZ 85034

> 1413 Bourbon Street Stockton, CA 95204

3475 John Peter Lee N. Las Vegas, CA 89032

EMPLOYMENT APPLICATION

The Company is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard of the basis of race, color, religion, gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, gender non-conforming individuals, genetic information, national origin, ancestry, age, medical condition, physical disability, mental disability, veteran status, marital status, domestic partnership, sexual orientation, or any other basis prohibited by law.

PERSONAL					
Last Name	First	Middle Initial			
Other Name(s) Used			Home Telephone #		
• •			() -		
Address			Cellular Phone #		
City State	Zip Code		() -		
(If less than 5 years please list p	rior address)				
Email Address					
Position Applying For	Referred By		Salary Desired		
			\$		
Have you ever interviewed with t	the Company	If yes, list date(s), a	nd job title(s)		
before? ☐ Yes ☐ No	. ,		,		
Have you ever been employed b ☐ Yes ☐ No	y the Company?	If yes, list date(s), jo	t date(s), job title(s) and location(s) t date(s), job title(s) and location(s)		
Do you have any relatives emplo ☐ Yes ☐ No	oyed by the Company?	If yes, list date(s), jo	bb title(s) and location(s)		
Are you at least 18 years old?		_	have a work permit?		
☐ Yes ☐ No		☐ Yes ☐ No			
EDUCATION					
Highest Grade Completed:	High School		years		
	College, Trad	le or Business	years		
	Graduate Stu	idies	years		
School	Address	Major Studies	Degree, Diploma, License or Certificate		
High School					
College/University					
Vocational, Business,					
Other					
List Any Professional Designation	ns				
Other Special Knowledge, Skills or Qualifications					
Do you type? ☐ Yes ☐ No If yes, WPM:					
Computer Skills (Hardware/Software)					
		Employment Form 2	Employer Copy		

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List al	l er	nployments	for the	past	10 year	ırs	, starting	with	the	mo	st rec	ent	position.	All in	formation
must	be	completed.	You	may	attach	а	resume,	but	not	in	place	of	completing	g the	required
inform	atio	n.												-	

information.		ed. Tod may allach a resum	ie, but not in place of co	impleting the required					
Employed From / /		Employer Name	Supervisor First Name	Supervisor Last Name					
Employed U	Jntil	Employer Address	Supervisor Phone #	Email Address					
Job Title		,	Reason For Leaving						
Duties and	Respon	sibilities							
Employed F	rom	Employer Name	Supervisor First Name	Supervisor Last Name					
Employed Until		Employer Address	Supervisor Phone #	Email Address					
Job Title			Reason For Leaving						
Duties and	Respon	sibilities	•						
Employed F	-rom	Employer Name	Supervisor First Name	Supervisor Last Name					
Employed U	Jntil	Employer Address	Supervisor Phone #	Email Address					
Job Title		-	Reason For Leaving						
Duties and	Respon	sibilities	1						
Yes	No	May we contact your current emr	Nover for references?						
		May we contact your current employer for references?							
		If hired, will you be able to work overtime?							
	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?								

CERTIFICATION & AUTHORIZATION

Signature

any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials:
I hereby authorized the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. Further authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without my giving prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and association from any and all claims or liabilities arising out of or in any way related to such investigation or disclosure. The Company will consider qualified applicants including those with criminal histories, in a manner consistent with the local "Fair Chance" Ordinance(s).*
Initials:
I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will terminate at will and may be terminated by me, or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.
Initials:
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and complete the required employment eligibility verification form upon hire.
I hereby acknowledge that I have read and agreed to the above statements.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered post offer of employment and prior to hire).

Date

References:

List below persons not related to you who have knowledge of your work performance within the past three (3) years:

First Name	Last Name	Phone number	
Address & Street	City	State	Zip Code
Occupation	No. of Yea	_	
First Name	Last Name)	Phone number
Address & Street	City	State	Zip Code
Occupation	No. of Yea		
First Name	Last Name	Phone number	
Address & Street	City	State	Zip Code
Occupation	No. of Yea	rs Acquainted	



EMPLOYEE PROFILE

NOTE: Please print in all categories		
Last Name:	First Name:	
Department:	Date of Hire:	
Title	Supervisor:	
EMPLOYEE GENERAL INFORMAT	TION	
Address:	City:	Zip Code:
Home Telephone #	Cell #	
Current Position:	Supervisor:	
Date of Birth:	Gender (circle one):	Male Female
Please voluntarily provide the following	information:	
Ethnic group (circle one): Asian/	Pacific Islander Hispanic	Black/African American
Ameri	can Indian/ Native Alaskan	White/Other
Are you a Veteran (circle one): Yes	No	
If yes, please circle the following:	Vietnam Era Veteran	Special Disabled Veteran
	Other Eligible Veteran Status	
EMERGENCY CONTACT		
Contact First/Last Name:		
Telephone Number:	Work Number:	Ext#
Relationship:		
Employee Signature		Date

This form contains information that is essential for the Company to comply with the Equal Employment Opportunity Commission. The Company requests, but does not require, the form be completed and returned to Human Resources at the completion of the orientation process.



Drug Test Consent Form

NOTICE AND AUTHORIZATION FOR JOB APPLICATION DRUG TESTING

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, Sound Crete Contractors Inc.. screens job applicants for the presence of illegal drugs. A negative drug test is a condition of employment at Sound Crete Contractors Inc.. Applicants refusing to take a pre-employment drug test will not be considered for employment Sound Crete Contractors Inc. Furthermore, positive test findings will result in any offer of employment being withdrawn or termination if the results are received after your start date.

A positive test result will disqualify you from employment or consideration from employment at Sound Crete Contractors Inc. for a period of six (6) months, from the date the notice of the positive result was received.

Submitting an altered urine sample will be treated as a positive test result.

CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree, and consent to Sound Crete Contractors Inc. policy as stated above.

I AUTHORIZE Sound Crete Contractors Inc. and its physician(s), nurses, technicians or agents to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my application for employment at Sound Crete Contractors Inc. will be made from the result of the test.

I CONSENT to this test for drugs and authorize the attending physician and testing laboratory to provide test results to Sound Crete Contractors Inc.. In consideration for your review of my application, I hereby release Sound Crete Contractors Inc. its affiliates, agents and employees from any liability resulting from employment decisions made from the results of this test.

Applicant's Signature	 Date
•	
Print Name	Social Security Number