



Employment Application

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK.

Position Applied For _____

Today's Date _____

Name _____

Social Security # _____ Date of Birth _____

Address _____

How Long? _____

City _____

State/Zip _____

Day Phone () _____

Home Phone () _____

Type of employment desired Full Time Part Time Temporary

If part time, specify hours or days _____

What is your minimum salary requirement? _____

Date available to work _____

Are you willing to travel if the job requires it? Yes No

Will you work overtime if required? Yes No

Do you Have any commitments to another employer that might affect your employment with us? _____

EDUCATION AND TRAINING

	School Name	City and State	Degree/ Major Course of Study	Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certified/licenses that you possess related to the job _____

List any machines, equipment, or software programs on which you are qualified and experienced operating _____

List any languages that you fluently speak _____ Read/Write _____

Do you have a valid driver's license? Yes No Number _____ State _____

CDL License? Yes No Number _____ State _____ Endorsements? _____

Military experience? Yes No If yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Were you previously employed by EDC? Yes No If yes, dates _____

GENERAL INFORMATION (continued)

List any relatives working for EDC _____

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If yes, explain _____

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job? Yes No

If yes, explain _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary)

Name of Employer	Type of Business	Name & Title of Supervisor	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Dates Employed (From-To)	Title/Position	Telephone Number	
_____	_____	_____(____)_____	
May We Contact:	Was Employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Brief Description of Duties			

Reason for Leaving		Last Salary	
_____		_____	

Name of Employer	Type of Business	Name & Title of Supervisor	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Dates Employed (From-To)	Title/Position	Telephone Number	
_____	_____	_____(____)_____	
May We Contact:	Was Employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Brief Description of Duties			

Reason for Leaving		Last Salary	
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_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Dates Employed (From-To)	Title/Position	Telephone Number	
_____	_____	_____(____)_____	
May We Contact:	Was Employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Brief Description of Duties			

Reason for Leaving		Last Salary	
_____		_____	

EMPLOYMENT HISTORY (continued)

Name of Employer _____		Type of Business _____	Name & Title of Supervisor _____	
Address _____		City _____	State _____	Zip _____
Dates Employed (From-To) _____	Title/Position _____	Telephone Number _____ ()		
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Employment? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Brief Description of Duties _____				
Reason for Leaving _____		Last Salary _____		

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years)

	Name	Occupation/Association	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Person to be notified in case of emergency:

Name _____ Telephone _____
Address _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may choose to omit any information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration or employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Environmental Design & Construction, LLC (EDC) any and all information concerning my previous employment, education and any pertinent information they may have, personal or otherwise. I release all parties, such persons and Environmental Design & Construction, LLC (EDC), from liability for any damage that may result from furnishing information to Environmental Design & Construction, LLC (EDC).

I understand that Environmental Design & Construction, LLC (EDC) will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Environmental Design & Construction, LLC's (EDC) workers' compensation insurance policy.

If employed by Environmental Design & Construction, LLC (EDC), I agree to abide by the policies and procedures of Environmental Design & Construction, LLC (EDC) which includes the Environmental Design & Construction, LLC (EDC) Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time at the discretion of Environmental Design & Construction, LLC (EDC) or myself. I further understand that no manager or representative Environmental Design & Construction, LLC (EDC) other than the Chairman, Chief Executive Officer or their designees have any authority to enter into any agreement, oral or written, on behalf of Environmental Design & Construction, LLC (EDC) for a term of employment or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Environmental Design & Construction, LLC (EDC) for its use. I understand that any positive drug or alcohol result may disqualify my employment eligibility.

SIGNATURE _____

DATE _____

For Office Use Only:

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

FOR OFFICE USE ONLY:

Arrange Interview Yes No Date _____

Remarks _____

_____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/Salary _____ Start Date _____

Hired By: _____
Name and Title _____ Date _____

Drug Screening Scheduled _____ Passed Yes No