

Application for Employment



Sequatchie Concrete Service, Inc.
P.O. Box 129
South Pittsburg TN 37380
800-824-0824
swilliams@seqconcrete.com

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____

Address _____

Telephone # () _____ Mobile Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Driver's License # _____ State Issued _____ Expiration Date ____/____/____

Referral Source (Please check the appropriate category and name of the source.)

<input type="checkbox"/> Walk-in	<input type="checkbox"/> School
<input type="checkbox"/> Employee (Please list name) _____	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency
<input type="checkbox"/> Company's Website	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Other Internet Source _____	<input type="checkbox"/> Other _____

If necessary, best time to call you is ____:____ AM/PM

If you are under 18 and it is required, can you furnish a work permit? Yes No If no, please explain _____

Have you submitted an application here before? Yes No If yes, give date(s) and position(s) _____

Have you been employed here before? Yes No If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available to start work ____/____/____

What is your desired salary range or hourly rate of pay? \$_____ Per _____

Type of Employment desired: Full-Time Part-Time Educational Co-Op Seasonal Temporary

Will you relocate if job required it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information about the job's "essential functions" to respond.

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No If yes, please provide date(s) and details

Employment History

Starting with your most recent employer, provide the following information:

Employer:	Telephone # (____) _____ - _____
Street Address:	State: _____ City: _____ Zip code: _____
Starting Job Title/Final Job Title:	Starting Compensation: \$ _____ Per _____ Ending Compensation: \$ _____ Per _____
Dates employed: Starting Month _____ Year _____ Ending Month _____ Year _____	Commissions/Bonus/ Other Compensation:
Immediate Supervisor and Title (For most recent position):	May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Duties:
What did you like most about your position?	What did you like least about your position?

Employer:	Telephone # (____) _____ - _____
Street Address:	State: _____ City: _____ Zip code: _____
Starting Job Title/Final Job Title:	Starting Compensation: \$ _____ Per _____ Ending Compensation: \$ _____ Per _____
Dates employed: Starting Month _____ Year _____ Ending Month _____ Year _____	Commissions/Bonus/ Other Compensation:
Immediate Supervisor and Title (For most recent position):	May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Duties:
What did you like most about your position?	What did you like least about your position?

Employer:	Telephone # (____) _____ - _____
Street Address:	State: _____ City: _____ Zip code: _____
Starting Job Title/Final Job Title:	Starting Compensation: \$ _____ Per _____ Ending Compensation: \$ _____ Per _____
Dates employed: Starting Month _____ Year _____ Ending Month _____ Year _____	Commissions/Bonus/ Other Compensation:
Immediate Supervisor and Title (For most recent position):	May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Duties:
What did you like most about your position?	What did you like least about your position?

Employment History (Continued)

Employer:	Telephone # (____)____ - _____
Street Address:	State: City: Zip code:
Starting Job Title/Final Job Title:	Starting Compensation: \$ _____ Per _____ Ending Compensation: \$ _____ Per _____
Dates employed: Starting Month _____ Year _____ Ending Month _____ Year _____	Commissions/Bonus/ Other Compensation:
Immediate Supervisor and Title (For most recent position):	May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Duties:
What did you like most about your position?	What did you like least about your position?

Employer:	Telephone # (____)____ - _____
Street Address:	State: City: Zip code:
Starting Job Title/Final Job Title:	Starting Compensation: \$ _____ Per _____ Ending Compensation: \$ _____ Per _____
Dates employed: Starting Month _____ Year _____ Ending Month _____ Year _____	Commissions/Bonus/ Other Compensation:
Immediate Supervisor and Title (For most recent position):	May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	Job Duties:
What did you like most about your position?	What did you like least about your position?

Explain any gaps in your employment, other than those due to personal illness or disability: _____

If not addressed previously, have you ever been fired or asked to resign from a job? Yes No If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years:	<input type="checkbox"/> Internet	Years:
<input type="checkbox"/> Spreadsheet	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> Presentation	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> E-mail	Years:	<input type="checkbox"/> Other	Years:

Educational Background

Starting with your most recent school attended, provide the following information.

School, City, State	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

Last name and telephone number of three business/work referenced who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

Name	Title	Relationship to You	Telephone	Years Known
			() _____ - _____	
			() _____ - _____	
			() _____ - _____	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No If yes, please explain _____

Is there any other job-related information you want us to know about you? _____

Application Statement

I certify that all information I have provided in order to apply for and secure work within this employer is true, complete, and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, and its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other processes, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by application local, state, and federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless that are in writing and signed by the employer's president.

I also understand that is I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, of (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____

Date ____/____/____

Affirmative Action

Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: _____

Referral Source:

<input type="checkbox"/> Walk-in	<input type="checkbox"/> School
<input type="checkbox"/> Employee (Please list name) _____	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency
<input type="checkbox"/> Company's Website	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Other Internet Source _____	<input type="checkbox"/> Other _____

Applicant Information

Name _____ Telephone # (____) _____ - _____

Address _____

Male Female

EEO Self Identification

Please check the box (only one) that best applies to you:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- White (Not Hispanic or Latino) – A person having origins in any original peoples of Europe, the Middle East, or North America.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian – (Not Hispanic or Latino) – A person having origins in any of the original people of the Far East, South East Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including, Central America), and who maintains tribal affiliations or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

Veteran Status Information

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. Submissions of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and manager may be informed regarding restrictions on the work or duties of special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the American with Disabilities Act, may be informed.

Veteran Status Information (Continued)

Please check all boxes that apply to you:

- I am a veteran of the Vietnam era. A person who: (a) served on active duty for a period for more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (II) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran. Any veteran during the one-year period beginning on the date of such veterans' discharge or release from active duty.
- I am an other protected veteran. A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to include under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans. (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.

Special Disabled Veterans (Applicant: Only complete this section if the Company has checked "Yes" below)

EMPLOYER: Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

Yes. The company invited its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company's affirmative action program.

Check this box ONLY if the company is actually undertaking affirmative action for special disabled veterans at the application state (pre-offer) or is otherwise authorized to collect this data to comply with federal, state, or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT: If the company has check "Yes" to the question above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defined a "special disabled veteran" as:

- a) A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) A person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

Yes, I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No, at this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of any kind.

Applicant's Signature: _____

For Administrative Use Only

Hired: Yes No Position hired for: _____

From the EEO job classification listed below, which one best describes the position filled (or applied for, if applicant rejected)?

<input type="checkbox"/> Executive/ Senior Level Officials and Managers	<input type="checkbox"/> Technicians	<input type="checkbox"/> Service Workers
<input type="checkbox"/> First/Mid-Level Officials & Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives
<input type="checkbox"/> Professionals	<input type="checkbox"/> Administrative Support Workers	<input type="checkbox"/> Laborers and Helpers

Notes:

Completed by: _____

Date: ____/____/____