

2940 Dede Road Finksburg, MD 21048 Phone: (410) 833-3710 Fax: (410) 833-3971

APPLICATION FOR EMPLOYMENT

S.E.H. Excavating Contractors, Inc. is an equal opportunity employer. We adhere to a policy of making all employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification which may be applicable.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. This application will remain active for a period of 30 days after the date of application.

	Date of Application:		
PERSONAL DATA (Please Print)			
Name	Home Phone		
Present Address			
Social Security No Are	e you under 18 years of age? Yes No		
How long have you resided at your present ac	ddress?		
Previous Address			
	dress? as in checking your references and background		
Can you submit verification of your right to v	work in the U.S.? Yes No		
	emeanor (other than traffic violation) or a felony that has oned? Yes No *Conviction of a m consideration for employment.		
If yes, list nature of offense, dates of convicti	on and dates of incarceration		

Drivers License: Stat	e Num	ber		Type	
Do you have your ow	n transportation?	Yes	No		
Are you able to perfo without reasonable ac					pplying, with or
Are you able to meet Yes No		equirements for the	e position for	which you a	re applying?
EMPLOYMENT 1	DESIRED				
Are you seeking:	Full-Time	Part-Time	Temporary I	Employment	
Position applied for:		Salary desired:	Da	te available:	
Have you ever worked	for or applied to ou	or company before?	Yes	No	
If Yes, please give deta	ils:				
How did you learn of o	ur company and/or	position?			
Are you currently em	ployed?	If Yes	, for whom?		
PREVIOUS EMPLO	OYMENT				
Name & Address					
Position	_	From _	To		Salary
Duties		Reason for lea	ving		
Supervisor's Name, 7	Γitle and Phone N	lumber			
•					
Name & Address					
Position		From _	То	'	Salary
Duties		Reason for lea	ving		
Supervisor's Name, 7	Γitle and Phone N	Jumber			
Name & Address					
Position		From _	To		Salary
Duties		Reason for lea	ving		
Supervisor's Name, 7	Γitle and Phone N	Jumber			

Name & Address			
Position			
Duties Reas	on for leaving		
Supervisor's Name, Title and Phone Number			
EDUCATION			
High School	From		Graduate?
Courses Studied			
College	From		Graduate?
Courses Studied			
Other Education			From
Courses Studied			
REFERENCES			
Name	Relationship _		
Address			
Phone Number	Years known		
Name	Relationship _		
Address			
Phone Number	Years known		
Name	Relationship		
Address			
Phone Number	Years known		
SPECIAL SKILLS			
Please list any equipment which you are expen	rienced in running	g:	

## THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

Initial:	I understand that this application is not intended to create, not should it be construed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will; I understand that this means that either I am or the employer is free to terminate the employment relationship at any time with our without cause or prior notice.				
Initial:	I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.				
Initial:	I authorize the investigation of all matters contained in this application at any time during the course of my employment, including a criminal background check, and hereby give the company permission to contact schools, previous employers, references and others. I hereby release the company and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact. I also understand that the company may cause a consumer credit report to be prepared for employment purposes, and that I have the right to request additional information on the nature of the report.				
Initial:	As a condition of my employment, I hereby agree that if I am offered employment, I will submit to a required medical evaluation at the expense of the company. I understand that any medical evaluation procedure is consistent with the company's affirmative action commitments to the disabled and consistent with the Americans with Disabilities Act. I further understand that the purpose of the medical examination is solely to determine whether I am able to perform the essential functions of the position offered, with or without any reasonable accommodation.				
Initial:	I understand that the company reserves the right to require me to submit to a test for the presence of any illegal drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any such tests to the company and I understand that employment will be denied or terminated if any such test shows the presence of illegal drugs in my system.				
employment or a condition of emp	law, an employer may not require or demand any applicant for employment or prospective any employee to submit to or take a polygraph, lie detector or similar test on examination as a ployment or continued employment. Any employer who violates this provision is guilty of a d subject to a fine not to exceed \$100.				
Signature of App	plicant Date				
Witness	Date				

application updated 5/2010