

POMPA BROS. INC. EMPLOYMENT APPLICATION

5 Petrified Gardens Rd. Saratoga Springs, NY 12866
 Phone: (518) 587-3043 Fax: (518) 587-1208

This company considers all applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL DATA

Date:	Name:		
Mailing Address:			
Physical Home Address:			
E-Mail Address:	Telephone:	Cell Phone:	
Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Total Dependents <input type="checkbox"/>			
Are you 18 or Older ? Y <input type="checkbox"/> N <input type="checkbox"/> All applicants must be eighteen years of age or older due to strict insurance regulations			
Do you have proof of employment eligibility to work in the U.S.? Y <input type="checkbox"/> N <input type="checkbox"/>			SS#: _____ / _____ / _____
Have you ever been convicted of a felony? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Explain: _____			
IN EMERGENCY NOTIFY: _____ (____) _____ / _____			
<small>NAME</small>		<small>PHONE</small>	<small>RELATION</small>

WORK EXPERIENCE

EMPLOYER Name, Address	Employer Phone	Job Title / Work Performed
Reason For Leaving:		Rate/Salary:
May we contact this employer: Y <input type="checkbox"/> N <input type="checkbox"/>		
EMPLOYER Name, Address	Employer Phone	Job Title / Work Performed
Reason For Leaving:		Rate/Salary:
May we contact this employer: Y <input type="checkbox"/> N <input type="checkbox"/>		
EMPLOYER Name, Address	Employer Phone	Job Title / Work Performed
Reason For Leaving:		Rate/Salary:
May we contact this employer: Y <input type="checkbox"/> N <input type="checkbox"/>		
EMPLOYER Name, Address	Employer Phone	Job Title / Work Performed
Reason For Leaving:		Rate/Salary:
May we contact this employer: Y <input type="checkbox"/> N <input type="checkbox"/>		

EDUCATION	SCHOOL NAME	ADDRESS	YRS COMPLETED	DEGREE/MAJOR
High School				
College				
Graduate / Trade				
Military	Rank:	Duties	Reason for Change in Rank	
	Rank:	Duties	Reason for Change in Rank	

MEDICAL

Are you currently under a Doctor's care? No ___ Yes ___ For: _____
Have you Had or Currently have a serious illness or Physical Injury? No ___ Yes ___ Explain: _____
Will the lifting/shoveling/climbing work environment at this job interfere with or worsen your illness/injury? Yes ___ No ___
Have you ever received Compensation for Occupational Injury/Disease? Yes ___ No ___ If Yes, Explain: _____

Have you Been Employed by this company before? Yes ___ Dates: From ___/___ to ___/___
Reason For Leaving: _____

POSITION

POSITION APPLYING FOR: (Check all that interest you; any you are willing to do with training).

We try to rotate people to other jobs if no work in your normal area is available. You must be willing to be flexible for full work week benefits.

DUMP TRUCK ___ CONCRETE TRUCK ___ LOADER OPERATOR ___ BREAKER ___ HAUL TRUCK ___ MECHANIC ___ CRUSHING ___
DRILL ___ YARD/MAINTENANCE ___ OFFICE/CLERICAL ___ SALES ___ OTHER _____

Salary/Wages Expected: \$ _____/Hr /Yr ___ Full Time ___ Part Time ___ Weekday Overtime ___ Weekend Overtime

List any special skills that you have, previous work experience, or equipment operation and training that you feel qualifies you for the position applied for. _____

Work can entail heavy lifting. Are you physically able to lift 50 lbs regularly? Yes ___ No ___

Have you been convicted of a crime in the past 10 years? (Excluding Traffic Violations) Yes ___ No ___ If Yes, Explain: _____

PERSONAL / PROFESSIONAL REFERENCES - NOT RELATED TO YOU

NAME: _____ COMPANY: _____ PHONE#: _____

NAME: _____ COMPANY: _____ PHONE#: _____

NAME: _____ COMPANY: _____ PHONE#: _____

DRIVING EXPERIENCE and QUALIFICATIONS (VALID NYS LICENSE REQUIRED FOR EMPLOYMENT)

DRIVER'S LICENSES HELD IN THE PAST 3 YEARS MUST BE SHOWN

STATE	LICENSE #	CLASS	EXP. DATE	VIOLATIONS

TYPE VEHICLE/ EQUIPMENT OPERATED # YEARS SAFE DRIVING RECORD OR ANY ACCIDENTS IN THIS VEHICLE

TYPE VEHICLE/ EQUIPMENT OPERATED	# YEARS	SAFE DRIVING RECORD OR ANY ACCIDENTS IN THIS VEHICLE

RELEASES AND APPLICANT'S SIGNATURE

In connection with my application for employment and as a condition of continued employment, I understand that investigative background inquiries may be made on me including but not limited to previous employers, schools, consumer credit, criminal convictions, DMV, and parties not named in this document. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. I understand that this company may request information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to the obtaining of the above information from Pompa Bros. Inc. and or any of their agents. This authorization and consent shall be valid in original, fax, email or copy form.

APPLICANT INITIALS _____

**Upon selection of employment by employer, applicant must first pass approved alcohol and drug tests required by FHWA and MSHA before he/she will be hired. * Once employed, employee agrees to actively participate in and uphold employer's zero tolerance alcohol and drug policy for continued employment. * Failing a test or refusal to test are grounds for immediate termination of employment.*

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APPLICANT NAME:

All hiring and employment at Pompa Bros. Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment at Pompa Bros. has no specific term and may be terminated by the employee or employer with or without notice. I acknowledge that Pompa Bros. has not made any promises or representations that differ from those contained in this paragraph.

Safety and Health are top priority. All employees must attend mandatory MSHA training prior to employment. Attendance at Annual MSHA Refresher is mandatory and is a condition of continued employment. Periodic spot inspections resulting in direct violations by employees (such as: No seatbelts, smoking in confined places, no hardhat, failure to use 3 points of contact, illegal cell phone use, but not limited to these) could result in demotion, loss of wages, or change in position and will be documented in employee file. (3) Three citations are ground for immediate termination of employment and any and all benefits associated therewith.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States and that I must pass a pre-employment drug and alcohol exam, if I am offered a position with Pompa Bros., and that failure to do so or failure of the test will result in my ineligibility for employment or termination from employment. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with respect to the receipt of such information. I certify that the information I have furnished on this application is true and complete. I understand that any changes in this employment application information must be provided to Pompa Bros. as soon as the change occurs. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment at Pompa Bros. may be terminated.

Applicant Signature

Date:

Interviewer Remarks:

Part Time _____ Full Time _____ Seasonal _____ Drug Test: Pos _____ Neg _____ Alcohol Test: Pos _____ Neg _____

Be Sure the Following have been received by employee and receipt placed in employee folder.

Copy Driver's License		Uniform Receipt	
Copy Medical Card		401k Notification Receipt	
Eligibility Verification Form		Application	
W-4 Form		MSHA Training Receipt	
Drug / Alc Handbook Receipt		Health Insurance Notification Receipt	