



Seabreeze Culvert, Inc.

Application for Employment

Date:	Last Name:	First Name:	Middle Initial:
Address:	City:	State:	Zip Code:
Telephone:	Social Security #:	DL#	

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)

- ☐ Yes
☐ No

Are you looking for full-time employment? ☐ Yes
☐ No

If No, what hours are you available?

Have you ever been convicted of a felony? (This will not necessarily affect your application.) ☐ Yes
☐ No

If yes, please describe conditions:

Are you bilingual (reading and/or writing) please specify? If not do you plan on learning English?

Employment Desired

Position applied for:

How did you hear of this opening?

Have you ever applied for employment here?
☐ Yes
☐ No

Have you ever been employed by this company?
☐ Yes
☐ No

If so when?

If so when?

Are you presently employed? ☐ Yes
☐ No

Are you available for full time work? ☐ Yes
☐ No

Are you willing to travel? ☐ Yes
☐ No

May we contact your present employer? ☐ Yes
☐ No

☐
☐

Date you can start:

Desired starting salary:

Desired position:

Please list applicable skills:

Education:

High School Name and
Location

College:

Other Training:

Years/Major/Degree:

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Please list any and all safety training and current qualifications you may have, include dates:

Are you planning to continue any studies?

☐ Yes
☐ No

If yes, where and what courses of study?

Employment History

1.) Company:

Address: Telephone

Date Started: Date Ended Starting Wage: Ending Wage:

May we contact? ☐ Yes ☐ No Position? Supervisor:

Responsibilities

Reason for leaving:

2.) Company:

Address: Telephone

Date Started: Date Ended Starting Wage: Ending Wage:

May we contact? ☐ Yes ☐ No Position? Supervisor:

Responsibilities

Reason for leaving:

3.) Company:

Address: Telephone

Date Started:

Date Ended

Starting Wage:

Ending Wage:

May we contact?

☐ Yes

☐ No

Position?

Supervisor:

Responsibilities

Reason for leaving:

Emergency Contacts

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, school, or persons listed as references to give any information regarding employment or education record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature:

Date: