



CIVILWORKS

GEARIG CIVILWORKS, LLC

General Application for Employment

APPLICANT INFORMATION

| | | | |
|---|--|--|--|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | | Desired Hourly Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain | |
| Are you over the age of 18? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

EDUCATION

| | | | |
|-------------|----|-------------------|---|
| High School | | City/State | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| College | | City/State | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other | | City/State | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

REFERENCES*Please list three professional references.*

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

| PREVIOUS EMPLOYMENT | | | |
|---|------------------------|----------------------|--|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Hourly Salary | Ending Hourly Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Hourly Salary | Ending Hourly Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Hourly Salary | Ending Hourly Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Gearig is an equal opportunity employer. It is the policy of Gearig to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, or veteran status.</p> | |
| Signature | Date |

To be signed and dated in person during the interview process



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Drug Test Consent Form for Applicants

DISCLAIMER AND SIGNATURE

I, a prospective or current employee of Gearig Civilworks, LLC (*The Company*) understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug tests it considers necessary as outlined in its Drug and Alcohol Testing Policy. I understand that this drug test is a condition for employment. I hereby allow the laboratory or clinic retained by the Company to take the necessary specimens from me to test for any controlled substance for pre-employment, random, post-accident, and reasonable suspicion testing and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate while maintaining legal confidentiality. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Printed Name

Signature

Date

To be signed and dated in person during the interview process