



809 East Commerce Drive St. George UT, 84790

Phone # 634-1266 Fax # 674-5119

## EMPLOYMENT APPLICATION

**We are an equal opportunity employer. As such, we do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, citizenship status, sex, age, disability or veteran status. No question on this application is intended to secure information about these subjects. Applicants requiring accommodation to the application and/or interview process should contact a representative of our Human Capital Department**

### Personal Information

Name:			Telephone:
Last	First	Middle	
Current address:			How long?
City. State. Zip:			Social Security Number:
Previous address:			How long?
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a reliable means of transportation to and from work that will allow you to arrive consistently on time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted, pled guilty or no contest to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give the dates and details of each:			

*(A conviction will not necessarily disqualify you from employment.)*

### Position Applying For

Position desired:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Date available for work:	Salary of Wage expectation:
Have you ever applied for a job with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes. where and when?	
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates (from - to):	Name at termination:	
How did you come to us? <i>(Please check the appropriate box below and give information where requested)</i>			
<input type="checkbox"/> Employment Agency	(name of agency)	<input type="checkbox"/> Job Service	
<input type="checkbox"/> Social Agency	(name of agency)	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Employee Referral	(name of employee)	<input type="checkbox"/> School Recruiting	
<input type="checkbox"/> Advertising	(newspaper or journal)	<input type="checkbox"/> Job Fair	
<input type="checkbox"/> Other	(explain)	<input type="checkbox"/> Friend	

### Construction Experience Summary

*Check any in which you have previous employment experience*

- |                                  |                                       |  |
|----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Truck Driver | <input type="checkbox"/> Welder                |
| <input type="checkbox"/> Foreman | <input type="checkbox"/> Apprentice   | <input type="checkbox"/> Heavy Equip. Operator |

*This application will be actively considered for 30 days from the date of completion.*

Education					
Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of high school:			
If no, circle the highest year completed: 1 2 3 4 5 6		7 8 9 10 11 12		GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College, business or technical college		Official major/field	Qtr. hours	Sem. hours	Degree?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Apprenticeships/on-the-job certification programs		Subject/field	# of months	# of man hrs	Completed?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
List any special training, skills, licenses, certificates and/or		personal characteristics that qualify you for the job:			
Employment					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present last employer:		Type of business:			
Address:		Dates (from - to):		Salary (start - end):	
Name and title of supervisor:		Phone number:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title and description of job duties:		Reason for leaving:			
Employer:		Type of business:			
Address:		Dates (from - to):		Salary (start - end):	
Name and title of supervisor:		Phone number:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title and description of job duties:		Reason for leaving:			
Employer:		Type of business:			
Address:		Dates (from - to):		Salary (start - end):	
Name and title of supervisor:		Phone number:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title and description of job duties:		Reason for leaving:			
Were you ever discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Employer name and address:			Why?
Please explain any breaks of employment of more than three		consecutive months:			

***This application will be actively considered for 30 days from the date of completion.***

## References

Name:	Telephone:
Address:	Circle one: Business <span style="float: right;">Personal</span>
Name:	Telephone:
Address:	Circle one: Business <span style="float: right;">Personal</span>
Name:	Telephone:
Address:	Circle one: Business <span style="float: right;">Personal</span>

## Driver's License Information

*Please complete this section if the job for which you are applying may require you to drive a company vehicle*

Do you have a valid driver's license?      Yes    No

License number and state:

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Have you been cited for any motor vehicle accidents/moving violations in the last five years?

Yes    No

If yes, please give details:

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Has your driver's license **ever been** suspended, revoked, denied or cancelled?

Yes    No

If yes, please explain:

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## Authorization and Acknowledgement

I understand that nothing contained in this employment application or interview, and no company policies, procedures, correspondence or handbooks that I might receive, are intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless it is made in writing by the President of the Company. If an employment relationship is established, my employment and compensation are "at will," and I understand that it is for no fixed period of time and I have the right to terminate my employment at any time, with or without use or notice, and that the company retains the same right.

I understand that the Company may investigate my driving record and may contact my previous employers and I authorize those employers to disclose to the company all records pertinent to my employment with them. I hereby release my previous employers from all liability for issuing such information. I hereby waive any privilege I may have to such information.

I understand that any offer of employment is subject to successfully passing a drug/alcohol test that will be required during my first 30 days and may be required at any time during my employment. I also understand that ongoing compliance to the Company Drug Test policy and procedures including submissions to required drug tests are a condition of continued employment.

I understand and acknowledge that if any misrepresentation or omission of material facts has been made by me or if the results of any investigation are not satisfactory for any reason, that any consideration, offer or actual employment by the company may be terminated immediately.

If hired, I understand that employment is subject to proof of my employment eligibility within three (3) days of hire.

## Signature

*Do not sign below until you have read and understand the above acknowledgement. \*\**

By signing below I certify that all of the information I have provided on this application is true and accurate.

Applicant Signature

Date

*This application will be actively considered for 30 days from the date of completion.*

DRUGS  
DON'T  
WORK  
HERE!

*This application will be actively considered for 30 days from the date of completion.*