

#### SSB CONTRUCTION IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender and gender identity), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1.	Name: Last First Middle						
2.	Address:						
3.	Telephone Number: () - 4. Email Address						
5.	Are you at least 18 years old? Yes No If employed & under the age of 18, can you furnish a work permit? Yes No						
6.	Do you have a legal right to work in the United States?  Yes No If employed, you will be required to provide proof.						
7.	Have you applied to any SSB Company for employment in the past?  Yes No If yes, when? Position applied for:						
8.	Do you have any relatives currently employed by any SSB Company? 🛛 Yes 🗌 No						
	If yes, who? What relation to you?						
9.	Have you ever used another name that we would need to verify your employment experience and education?						
10.	Are you currently employed? 🗌 Yes 🔲 No If yes, may we contact your current employer at anytime? 🗌 Yes 🗌 No						

You may contact my current employer, but only when:

## POSITION

1.	Position for which you are applying	ng:				
		First Ch	oice	Second Choice		
2.	Salary/wage desired:		pe	۶۲		
3.	Are you available to work:	Full-Time Evenings Other:	Part-Time Weekends	Temporary   On-Call     Overtime   Split Shift		
4.	When would you be available to s	start work?				
5.	<ul> <li>How did you hear about the availability of the position for which you are applying?</li> <li>Newspaper Advertisement</li> <li>Employment Agency</li> <li>Current Employee</li> <li>Friend</li> <li>Relative</li> <li>Walk-In</li> <li>Other:</li> </ul>					
6.	If the position you are applying fo	or requires the use of a v	ehicle, do you have	e a valid driver's license?         Yes        No		
	License #:	Class:	State:	Expiration Date:		
7.	Can you meet the attendance star all scheduled days or shifts?		which require all e	mployees to report for work on time for		
S	PECIAL SKILLS	S AND T <u>ra</u>	INING			

- 1. Describe specialized training, apprenticeships, skills or research:
- 2. List current certifications and/or professional licenses, if any, and where registered:

#### Please indicate any language skills, other than English, below: My primary language is

ſ	LANGUAGE	READING		SPEAKING					WRITING				
		FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

## EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job.

Employer	Dates Employed from to	Address	Job Title
Employer	Dates Employed from to	Address	Job Title
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# EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	# YRS. Attended
High School		N/A	
Community College	From: To:	Degree: 🗌 Yes 🗌 No	
College/University	From: To:	Degree: 🗌 Yes 🗌 No	
Business/Trade/Night School	From: To:	Degree: 🗌 Yes 🗌 No	

### EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

### CERTIFICATION

#### DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of SSB regardless of the time that has elapsed before discovery.

I authorize SSB or its designated agents to contact my references and investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without providing me prior notice of such requests. I agree to cooperate in such investigations and release those parties supplying such information to SSB from all liability or responsibility with respect to information supplied to SSB.

If an Investigative Consumer Report is required by my employer, I hereby authorize, request and give my consent to obtain such information including my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency as required by the *Fair Credit Reporting Act*. Additionally, I understand that if requested within 60 days, I will receive a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with SSB, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either SSB or myself. I further understand that no one other than the President of SSB has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by SSB, I agree to abide by the rules, policies and procedures of the company and subsequent rules, policies and procedures that may become effective after hire. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that SSB believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of SSB during the time of my employment.

Signature of Applicant

Date