

**GMS CONCRETE & GDG SERVICES. WE ARE COMMITTED TO BEING AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS**

## APPLICATION OF INTEREST - RESIDENTIAL CONSTRUCTION/PLUMBING

Please Print All Information		Office Use Only:	
Last (Apellido):		First (Nombre):	
Street Address (Direccion):		APT #	
City (Ciudad):		State (Estado):	
Phone:		Home:	
Cell:		Message:	
Have you ever been employed by GMS Concrete Specialists or GDG Services before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Date:		If yes, list position and or Foreman	
Are you currently employed? <input type="checkbox"/> Yes    No <input type="checkbox"/>		If Yes, Where?	
May we contact your past and present employer (s)?		<input type="checkbox"/> Yes No <input type="checkbox"/>	
Are you 18 Years or Older? <input type="checkbox"/> Yes    No <input type="checkbox"/>		If No: Date when you turn 18    __/__/__	
Are you legally eligible to work in the United States? (If offered employment, I understand that I will be required to provide proof of Eligibility to work in the U.S.) Yes <input type="checkbox"/> No <input type="checkbox"/>		Date you can start    __/__/__	

**Please list below all present and past employment, beginning with your most recent. Attach an additional sheet if necessary. WORK HISTORY / EMPLEOS PREVIOS PLEASE COMPLETE / FAVOR DE LLENAR TODO**

Company: _____	Phone: (____) _____
Job Title: _____	Supervisor: _____ Salary: \$_____ to \$_____
From: _____ To: _____	Reason for Leaving: _____
Company: _____	Phone: (____) _____
Job Title: _____	Supervisor: _____ Salary: \$_____ to \$_____
From: _____ To: _____	Reason for Leaving: _____
Company: _____	Phone: (____) _____
Job Title: _____	Supervisor: _____ Salary: \$_____ to \$_____
From: _____ To: _____	Reason for Leaving: _____

**ONLY:** For positions that require driving please list Driver License # \_\_\_\_\_ Exp date: \_\_\_\_\_  
 All driving positions require a clean MVR (Motor Vehicle Record) for the last 3 years no moving violations or accidents/collisions. If requested to supply a health card (ADOT) and your employment is terminated voluntarily or involuntarily within 90 days from date of hire I understand and authorize deduction of charges/cost from final wages due.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# APPLICATION OF INTEREST - RESIDENTIAL CONSTRUCTION/PLUMBING

PLEASE PRINT ALL INFORMATION

## APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit, and indebtedness may be obtained before any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me."

"I certify that all information that I provide on this application and in any interview is true and accurate. I am aware that false statements, misrepresentations of facts, or material omissions may be sufficient to disqualify me or employment, or if employed, may result in my termination. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and/or drug screen."

"I agree, as a condition of my employment (should the Company employ me), to submit to a medical examination if requested and or urinalysis test if requested and paid for by the company; I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time, including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that GMS Services. retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with GMS Services, and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving GMS Services, in which I am a potential witness, and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying GMS Services., or unless a representative or attorney of GMS Services., is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

This application is valid for 60 days from the application date unless renewed in person or in writing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Can you perform the essential functions of this job with or without reasonable accommodation? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) Yes ☐ No ☐

### TRAINING & EDUCATION

Describe in Detail any Specialized Training, Equipment Skills, Certifications, Licenses or On-The-Job Training programs you have completed:

**LICENSES AND CERTIFICATIONS:** PLEASE LIST ANY LICENSES OR CERTIFICATIONS HELD AND THE DATES OBTAINED: (CDL, DRIVER LICENSE, SKILLED TRADE LICENSE, ETC.)

1.	2.
3.	4.
5.	6.

Have you received any job-related training in any of the United States Military Branches? ☐ Yes ☐ No

If so, what type of training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_