



Gabe's Construction Co., Inc.
Utility Contractors Since 1942

**THIS APPLICATION WILL BE
 VALID FOR 90 DAYS**

EMPLOYMENT APPLICATION
"We are an Equal Opportunity Employer"

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Various other laws and regulations prohibit discrimination in employment because of handicap, age, and disabled veteran or Vietnam Era veteran status.

DIRECTIONS: Please print in ink. You must complete entire application to be considered.

DATE: _____

PERSONAL INFORMATION		
Name (Last, First, Middle)	Social Security Number	
*Current Address (street, city, state, county, zip code)	Day Telephone ()	Evening Telephone ()

***If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.**

Previous Address (street, city, state, county, zip code)

Previous Address (street, city, state, county, zip code)

Position Applying For	Part-time or Full-Time Desired	Salary Preference	Years of Experience

Have you ever worked for us before? Yes No If yes, when?

Date available to start:

List any friends or relatives working with us:

How were you referred to the company?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Walk-in	<input type="checkbox"/> School
<input type="checkbox"/> Union Local # _____	<input type="checkbox"/> Other

United States Citizen? Yes No Citizen of:

Are you presently included in an active substance abuse random testing program? Yes No
 If yes, please provide company's name and phone number:

CDL CLASSIFICATIONS	
Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you able to obtain a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list CDL Classifications: Note: You will be required to complete the Driver Experience and Qualification Form if you have a CDL.	State Issued:
Driver's License Number:	State Issued:

TRAVEL

Travel is a necessity in the utility construction industry. As the job requires, are you willing to travel:

Up to 50 miles (one way)? Yes No

Overnight travel, beyond 50 miles? Yes No

GENERAL

Have you ever been convicted of a felony? Yes No

If yes, please explain fully (if necessary, you may attach a separate sheet of paper). Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

SPECIAL SKILLS

If relevant, please describe word processing speed, software knowledge, and office equipment experience.

EDUCATION

School	Name & Location (City, State)	Years Attended	Course or Major	Diploma or Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces? Yes No

If "Yes" - which branch? _____

Years of Service: From _____ To _____ Job Specialization: _____

CHECK EQUIPMENT YOU CAN OPERATE-LIST TYPE/MODEL IF KNOWN

Trencher _____ Dump Trucks _____ Backhoe _____

Welder _____ Grader _____ Shop Machinery _____

Loader _____ Cable Plow _____ Boom Truck _____

Crane _____ Bulldozer _____ Side Boom _____

Boring Machine _____ Other _____ Pavement Breaker _____



EMPLOYMENT HISTORY

(Start with last or current position, including military experience - Attach a separate sheet of paper if necessary)

Dates		Employer	Position(s)	Pay Rate	Supervisor
1.	From	Name		Beginning	Name
	To	City, State		Ending	Title
Description of Work:					Reason for Leaving
1.	From	Name		Beginning	Name
	To	City, State		Ending	Title
Description of Work:					Reason for Leaving
1.	From	Name		Beginning	Name
	To	City, State		Ending	Title
Description of Work:					Reason for Leaving

PREREQUISITES FOR THE FOLLOWING POSITIONS

FOREMAN	Are you: Able to climb a ladder to get in or out of a ditch or manhole? Able to personally carry a weight of up to 50 pounds? Able to wear protective equipment that the job requires?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR	Are you: Able to use a ladder to get in or out of equipment? Able to crawl underneath or on top to service equipment? Able to receive and give hand signals to operate equipment safe? Able to wear protective equipment that the job requires?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
LABORER	Are you: Able to climb a ladder to get in or out of a ditch or manhole? Able to kneel down in a ditch and clean off a piece of pipe or cable once it has been exposed? Able to use a shovel to locate existing utilities? Able to use a rake and shovel to clean up grass where the work is being done? Able to personally carry a weight of up to 50 pounds? Able to wear protective equipment that the job requires?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
WELDER	Are you: Able to climb a ladder to get in or out of a ditch or manhole? Able to crawl under or climb a piece of equipment to weld? Able to kneel down in a ditch to weld or grind the pipe? Able to wear protective equipment that the job requires?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES

(Please give name, address, and phone number of three references not related to you)

	Name and Occupation	Address	Phone Number
1.			
2.			
3.			



APPLICANT'S CERTIFICATION AND AGREEMENT

1. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.
2. I authorize Gabe's Construction Co., Inc. to make a thorough investigation of my entire work history, and to verify all data given in my application for employment.
3. I understand that falsification or deliberate omission of data on this application may prevent my being hired, or if already hired, may subject me to immediate dismissal.
4. I understand and agree that my employment is for no definite period of time and may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of termination.
5. I understand that, if hired, I will abide by all the rules and regulations of Gabe's Construction Co., Inc., its affiliates and its subsidiaries.

I have read and understand the above.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Remarks _____

Substance Abuse Policy given to employee _____



REQUEST FOR APPLICANT AFFIRMATIVE ACTION INFORMATION

Gabe's Construction Co., Inc. considers applicants for all positions for which they are qualified and complies with regulations relating to the recruitment and employment of minorities, women, individuals with disabilities, veterans, and other legally protected status. To assist us in complying with government record keeping, reporting, and other legal requirements, please complete this form.

THIS FORM WILL BE KEPT SEPARATE FROM ANY APPLICATION AND IS NOT PART OF THE APPLICATION. COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY EFFECTS THE DECISION REGARDING YOUR EMPLOYMENT OPPORTUNITY.

Please Print

Date: _____

Applicant's Name: _____
First Middle Last

Position(s) Applied For: _____

Referral Source:

Advertisement

Friend/Relative

Walk-in

School

Union Local # _____

Other

Check one of the following race/ethnic origins:

White - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Not of Hispanic origin.

Black - All persons having origins in any of the Black racial groups of Africa. Not of Hispanic origin.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.

Asian/Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

American Indian/Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. What is your tribal affiliation? _____

Gender (Check one):

Male

Female

