



Construction Inc.

9 Collan Park - Honesdale, PA 18431 ~ Phone: (570) 253-4090 ~ Fax (570) 253-4346

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Leeward Construction, Inc. is an equal opportunity employer. Employment decisions, including all hiring decisions, are made without regard to race, color, religion/creed, sex, national origin, ancestry, age, pregnancy, non-job-related disability, veteran status, possession of a General Education Development Certificate as compared to a high school diploma, or any other trait protected by applicable federal, state, or local laws. We strive to hire the hardest working and most qualified individuals.

Please complete the entire application truthfully. Even if you are attaching a resume, the entire application must be completed or it will not be considered. Any falsifications or omissions may be grounds for immediate dismissal. If a given question is not applicable to you, you should answer N/A. An incomplete application will not be accepted. Please print.

Form with fields: Last Name, First Name, Middle Initial, Address Number, Street, City, State, Zip Code, Telephone Number(s), Position(s) Applied For, Date You Can Start

- Are you legally eligible for employment in the United States? Yes No
Do you have a valid driver's license? Yes No
Are you at least 18 years of age? Yes No
If you are not at least 18 years of age, how old are you?
If you are not at least 18 years of age, do you have valid working papers? Yes No
Have you ever filed an application with us before? Yes No
If yes, give date
Have you ever been employed with us before? Yes No
If yes, give date
Are you currently employed? Yes No

If no, how long have you been unemployed? _____

Are you available to work full time? Yes No

Are you available to travel, via a method of transportation provided by you, to job sites within a 75 mile radius of Leeward's Corporate Office? Yes No

Are you able to perform all of the essential functions of the job that you have applied for with or without a reasonable accommodation? Yes No

Have you ever been convicted of, or pled guilty to, any felony or misdemeanor crime? Yes No

If you answered yes above, please list all crimes which you have been convicted of or pled guilty to and include the date of the offense. Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.

Have you been discharged or fired from any job that you have held within the past 10 years? Yes No

If you answered yes above, please describe the circumstances involved.

Please list the skills and/or qualifications which you feel would especially qualify you for the position for which you have applied.

Equipment Operators Only: Please enter the number of years of experience you have operating the following machinery:

Bulldozer _____ yrs. Crane _____ yrs. Loader _____ yrs. Scraper _____ yrs.

Other: _____

CURRENT EMPLOYMENT

May we contact your present employer? Yes No Current rate of pay _____

Employer's name _____ Immediate supervisor _____

Employer's address _____

City _____ State _____ Phone _____

Description of current position and job duties _____

Has your employer taken any disciplinary action against you within the last two years? Yes No

If yes, explain the discipline and the reasons in detail. _____

**APPLICANT'S AUTHORIZATION AND CERTIFICATION
PLEASE READ CAREFULLY**

I understand that providing false information on an application for employment is grounds for the Company to refuse to hire me, or to terminate my employment in the event that the misrepresentation is discovered after I have been hired.

In submitting this application for employment, I authorize the Company to investigate all statements contained in it, and I understand that my current and/or former employers may be contacted to provide information concerning my suitability for employment, and that the references whom I have listed above will be contacted concerning my suitability for employment. I expressly authorize the Company to conduct such inquiries and I release the Company and any responding parties from any and all liability associated with such inquiries.

I understand and agree that I may be asked to undergo a post-offer, pre-employment medical examination, which will include a substance abuse test. The substance abuse test includes a breathalyzer and a urine sample. I understand that if I refuse to sign this employment application and or refuse to test, my application will not be considered further. I understand that if the initial breathalyzer test is positive, it will be followed by a second breathalyzer test. Additionally, I understand that if the urine test is positive, it will be followed by a confirmation test of the same urine sample by an alternative chemical method. If the second breathalyzer or urine test is also positive, I understand that my application will not be considered further.

I understand that in the event that I am hired, I will be hired as an at-will employee, and my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. I understand that no representative of the Company except the President has any authority to enter into any legally binding employment agreement.

I certify that I have read this entire employment application, including all information that I have provided on the application, and the entire statement set forth immediately above. I further certify that all of the information that I have provided on this employment application is true and correct.

SIGNATURE _____ DATE _____

Referral Source:

Please check all that apply:

Source		Source	
Advertisement		Employee	
Relative		Private Employment Agency	
Friend		Walk-In	
Government Agency		Internet	
Job Fair		Other	



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Driver Experience and Qualifications (Complete Section if applying for a Driver position)

Please list your current personal State Drivers license number or permit number:

Table with 3 columns: State, License #/Permit #, Expiration Date

Other than your current personal State Drivers license number or permit number listed above, please list the last two States in which you held a personal State Drivers license number or permit number:

Table with 3 columns: State, License #/Permit #, Expiration Date

Table with 3 columns: State, License #/Permit #, Expiration Date

Please list your current CDL/Permit #:

Table with 3 columns: State, CDL/Permit#, Expiration Date

Other than the current CDL/Permit # listed above, please list any CDL/Permit #s you have held in the last two years:

Table with 3 columns: State, CDL/Permit#, Expiration Date

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Please list the types of Equipment (i.e. tractor, straight truck) and extent of experience with operation of each motor vehicle.

Table with 2 columns: Type of Equipment, Years of Experience

Table with 2 columns: Type of Equipment, Years of Experience

Table with 2 columns: Type of Equipment, Years of Experience

Please list all motor vehicle accidents in which you were involved during the last three years.

Table with 3 columns: 1) Date of Accident, Number of Injuries, Number of Fatalities

Description of Accident

Did you receive any citation? If so, explain.

Table with 3 columns: 2) Date of Accident, Number of Injuries, Number of Fatalities

Description of Accident

Did you receive any citation? If so, explain.

Table with 3 columns: 3) Date of Accident, Number of Injuries, Number of Fatalities

Description of Accident

Did you receive any citation? If so, explain.

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? yes/no If so, please describe all facts and circumstances.

LEEWARD Construction Inc.

EMPLOYMENT APPLICATION SUPPLEMENT – AFFIRMATIVE ACTION INFORMATION

Various government agencies require periodic reports of Equal Employment compliance and Affirmative Action. This information is *not* utilized in the employment decision, is kept separate and confidential, and is used for statistical analysis and compliance only. ***A refusal to provide this information will not subject you to any adverse treatment.***

Name: _____
Please Print

Please check appropriate BOXES

- Male
- Female
- White
- Black or African American
- Hispanic or Latino (white race only)
- Asian
- American Indian or Alaskan Native
- Hispanic or Latino (all other races)
- Native Hawaiian or Other Pacific Islander

- Disabled: Physical or mental impairment which substantially limits one or more of your life activities.
- Disabled Veteran: One entitled to disability compensation of 30% or more under laws administered by the Veterans Administration, or veterans discharged from active duty for a disability incurred or aggravated in the line of duty.
- Vietnam Era Veteran: A person who served on active duty for more than 180 days anytime between August 5, 1964 and May 7, 1975 and was discharged or released other than dishonorably, or was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Other Veteran: Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. (For a specific list, refer to www.opm.gov/veterans/html/vgmedal2.htm or contact the Human Resource Department.)

Signature

Date

FOR EMPLOYMENT USE ONLY

Position Applied For _____

Source _____

Action _____