

Coastal Maine General Contracting, Inc.

Employment Application

ALL SECTIONS MUST BE COMPLETED IN FULL EVEN IF A RESUME IS INCLUDED:

Position Desired: _____ Date: _____

On what date would you be able to start work? _____

Please check each that you are available to work:

Full-Time Part-Time Day Shifts Night Shifts Temporary/Seasonal

Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Please list any schedule preferences you may have: _____

PERSONAL:

Name (last, first, middle): _____

Social Security Number: _____ Phone Numbers: (Home) _____ (Cell) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Previous addresses for the last five years:

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you at least 18 years old? Yes No If no, are you younger than 16? Yes No

What is your date of birth? _____

Have you been convicted of a crime in the last five years? (Do not include traffic violations.) Yes No

If yes, please explain: _____

Have you ever been disciplined, suspended, discharged, or asked to resign from a job in connection with a loss of money, merchandise, or equipment? Yes No If yes, please explain: _____

Have you ever been disciplined because of tardiness or absenteeism? Yes No If yes, please explain: _____

Have you ever been disciplined or discharged for any other reason? Yes No If yes, please explain: _____

EMPLOYMENT:

Have you ever applied for work at Gurney Construction before? Yes No

If yes, when? _____

How were you referred to us? _____

We need to know about your **last ten years** of employment. If you need more space, just use another sheet of paper. If you have never been employed please proceed to the References section. You may include any verified volunteer work.

Are you currently employed? Yes No Temporary Layoff Permanent Layoff

Current or Last Employers:

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

Previous Employers:

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

Company: _____ Address: _____
Telephone Number: _____ Supervisor's Name & Title: _____
Position: _____ Dates Worked (From-To): _____ Rate of Pay: _____
Duties: _____
Reason for Leaving: _____

May we contact all employers listed above? Yes No If not, which ones should we not contact and why? _____

REFERENCES:

Please list three non-relative references:

Name: _____ Address: _____
Telephone Number: _____ Relationship to You (Ex. Friend, Supervisor): _____
How long have you known this person? _____

Drug Test Consent Form

I, _____ have applied for employment with COASTAL MAINE GENERAL CONTRACTING, INC. I understand that as a condition for my being considered for employment at the position for which I am applying, I may be required to undergo drug and/or alcohol testing. I willingly agree to this testing and understand that if my test results are positive, I shall not be considered further by COASTAL MAINE GENERAL CONTRACTING, INC. for this position.

I hereby authorize any laboratory, physician or medical professional retained by COASTAL MAINE GENERAL CONTRACTING, INC. to conduct such testing and to provide the results to COASTAL MAINE GENERAL CONTRACTING, INC. I further release COASTAL MAINE GENERAL CONTRACTING, INC. and any person affiliated with COASTAL MAINE GENERAL CONTRACTING, INC. and any such institution or person conducting the testing, from liability therefore.

Applicant Signature

Date

Applicant Name (Please print)

Acknowledgement

I have received a copy of the COASTAL MAINE GENERAL CONTRACTING, INC. Employee Manual and General Health and Safety Plan that outlines Company policies and employee responsibilities concerning conduct and safety, including disciplinary policies for violation of safety rules and regulations. I will familiarize myself with the General Health and Safety Plan and will comply with all of its provisions. I understand and agree that the Company has the right to change, amend, modify, or withdraw any provision of the General Health and Safety Plan without notifying me before the effective date of any amendment, modification, or withdrawal. **PLEASE READ CAREFULLY.**

I understand that the Employee Manual and the General Health and Safety Plans are not contracts of employment and the Company has the right to follow or deviate from the policies in the General Health and Safety Plan in the Company's sole and exclusive discretion. I also understand that the Employee Manual and the General Health and Safety Plan does not change the nature of my temporary employment. Temporary employment means that employees are hired for a specific project and when that project ends continued employment is dependent upon new projects, travel, employee skills, work performance, and other factors.

I understand that the first 90 days of my employment with COASTAL MAINE GENERAL CONTRACTING, INC. are a trial period and that at any time during this period my employment may be terminated with or without cause, with or without notice at the option of either the employee or the company. Employees are eligible for full time benefits after 180 days of employment.

By my signature below, I agree to the terms of this Acknowledgment and also agree to follow the policies and procedures contained in the Employee Manual and the General Health and Safety Plan.

Applicant Signature

Date

Personnel Manager

Date

COASTAL MAINE GENERAL CONTRACTING, INC. reserves the right to make changes to this handbook for the purpose of modifying, revising and updating company policy and this Manual. Notice of changes will be posted on the bulletin boards and become a part of this Manual. Violation of any company policy may result in immediate termination.

Information About Our Company that You Need to Know

We are an Equal Opportunity Employer. Federal and State equal employment laws require that all applicants that qualify for employment shall be considered regardless of their national origin, race, color, religion, age, sex, disabilities, medical conditions, or any veteran or marital status. COASTAL MAINE GENERAL CONTRACTING, INC. endeavors to uphold this law for all applicants.

Receiving this application does not in any way guarantee employment with this company. This application is only used to provide the company with your qualifications and pertinent information. This application will be valid for 90 days.

By signing this agreement below, you authorize any entity contained within this application to provide any information that this company may require. Also you withdraw any liability against any entity contained within for providing any required information.

In the event that you are employed by COASTAL MAINE GENERAL CONTRACTING, INC., you, by signing below, agree to abide by all regulations and requirements of this company and its employee manual. You agree that your employment will not be guaranteed to last a certain amount of time and can be terminated at any time solely by the will of this company.

By signing this document below, you also agree to provide this company with proof of identity and proof of eligibility to work within the United States before being employed. You also agree to any other drug tests or physical screenings prior to your employment.

I declare under penalty of perjury, that all statements contained within this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question will nullify this application, and I will no longer be considered by COASTAL MAINE GENERAL CONTRACTING, INC. for any position. I also declare that I am a legitimate applicant, and that this application was only submitted for the purpose of employment with COASTAL MAINE GENERAL CONTRACTING, INC.

Applicant Signature

Date

Applicant Name (Please print)