

Job Applying For:

355 CENTERVILLE ROAD WARWICK RHODE ISLAND 02886 TEL 401-681-4949 FAX 401-681-4950

APPLICATION FOR EMPLOYMENT

Please complete the entire Application

Job Applying For:		[] Part Time	e [] Full Time	Date Available:				
Your Name:		_						
	Last	Fi	rst	Middle Initial				
Address:		<u> </u>						
	Street & Number	City, St	tate, Zip	Mailing if different				
Telephone:	Cell		Other					
Email:		Best	Best way/time to reach you					
THEIR NAME?	F AHLBORG CONSTRUCTION COR	RPORATION? DID AN	N EMPLOYEE OF AC	C REFER YOU? IF SO, WHAT IS				
RECORD OF PREVIOU	S EMPLOYMENT							
during the last five ye unemployment. If self-e	ears. Be sure to account for employed, give firm name and so work performed on a voluntee	all periods of time supply business refe	including military	service, and any period of				
Present or Last Employe	<u>Dates of</u> <u>Employment</u>	Salary/Pay Rate	Your Title or Posi	tion Reason for Leaving				
	From (mm/yy)	Start \$						
Address		Final \$	Name and Title o	ıf				
City, State, Zip Code	 To (mm/yy)		<u>Last Supervisor</u>					
Telephone								
IF EMPLOYED FOR LESS	THAN 5 YEARS WITH YOUR PRE	ESENT OR LAST EMP	 PLOYER, PLEASE LIS	T PREVIOUS EMPLOYER(S)				
Previous Employer	<u>Dates of</u>	Salary/Pay Rate	Your Title or Posi	•				
	<u>Employment</u>	Start						
	From (mm/yy)							
Address		\$						
City, State, Zip Code	 To (mm/yy)	Final	Name and Title of					
Telephone		\$	Last Supervisor					



Previous Employer	Dates of	Salary/Pay Rate	Your Title or Position	Reason for Leaving				
	<u>Employment</u>							
		Start						
	From (mm/yy)							
Address		\$						
Address		Final						
City, State, Zip Code	To (mm/yy)	T III CI	Name and Title of					
	(, , , , , ,	\$	Last Supervisor					
Telephone								
Previous Employer	<u>Dates of</u>	Salary/Pay Rate	Your Title or Position	Reason for Leaving				
	Employment							
	[[[]] [] [] [] [] [] [] [] [Start						
	From (mm/yy)	\$						
Address		٠						
		Final						
City, State, Zip Code	To (mm/yy)		Name and Title of					
Telephone		\$	Last Supervisor					
relephone								
Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances:								
Please explain fully any gaps in your employment history:								
May we contact your current employer? [] Yes [] No If no, please explain:								
way we contact your current employer: [] res [] No II No, please explain.								
Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying, including all current certifications as well as any other special technical qualifications.								
Have you ever used another name? [] Yes [] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:								
Do you have an OSHA 10 Card? [] Yes [] No If not, if applying for a field/labor job or project management position you will be required to obtain one as a condition of employment. Do you agree with this requirement? [] Yes [] No								
If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No								
Are you authorized to work in the United States? [] Yes [] No Note that all employees will be required to complete an I-9 form and must furnish at a minimum a copy of your current driver's license or photo i.d., a social security card or birth certificate (or green card), and/or passport. Do you have a current BCI? [] Yes [] No Since many of our projects involve work at educational facilities, per RIGL 16-2-18.4, "any person who may have direct and unmonitored contact with children and/or students on school premises shall undergo a state criminal background check to be initiated prior to or within one week of commencement of work on the premises."								
Are there any issues that ACC needs to be aware of that would prevent you from getting a BCI?								



EDUCATION/TRAINING

SCHOOL NAME	YEARS COMPLETED (CIRCLE)	DIPLOMA/ DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE, SKILLS AND EXTRA-CURRICULAR ACTIVITIES
HIGH SCHOOL:	9 10 11 12			
COLLEGE/UNIVERSITY:	1 2 3 4 5			
TRADE SCHOOL, APPRENTICESHIP PROGRAM, ETC.:				
OTHER:				

PERSONAL REFERENCES

Date

Please list persons who know you well (former co-workers, etc.) - not relatives

Name	Occupation	Telephone Number or Email Address	Address (Street, City and State)	How Long?

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I	CERTIFY	THAT	ALL (OF THE	INFORM	ATION	THAT	HAVE	PROVIDED	ON	THIS	APPLICATION	AND	THE	ACCOMP	ANYING
D	OCUMEI	NTS IS	TRUE,	COMPL	ETE AND	ACCUR	RATE.									

Signature of Applicant



APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in with Ahlborg Construction Corporation (ACC), I will comply with all rules and regulations of ACC. I understand that if I receive an offer of employment from ACC, ACC reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of physical examination. I consent to the disclosure of the results of any physical examination and related tests to ACC in accordance with applicable law. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that if I receive an offer of employment from ACC, ACC may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that ACC may contact my previous employers and I authorize those employers to disclose to ACC all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any right or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to ACC, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide ACC with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by ACC (employer) at any time and for any reason whatsoever, with or without good cause at the option of either ACC or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by either the President or Vice President of ACC. No supervisor or representative of ACC, other than the President of ACC (or his agents), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between ACC and the employee regarding the rights of ACC or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and ACC.

I further understand that that ACC (or his agents) may modify, amend or terminate any of its policies and/or benefit plans at any time, with or without prior notice. I agree to follow and be bound by ACC's policies, as they may be changed or modified from time to time.

I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATE	MENT & AGREEMENT
CICNATURE OF ARRUGANT	
SIGNATURE OF APPLICANT If you have any questions regarding the stateme	DATE ent, please ask a Company representative before signing.