**APPLICATION FOR EMPLOYMENT**

DeLucca Fence Company, Inc is an Equal Opportunity Employer.

DeLucca Fence Company, Inc does not discriminate on the basis of age (as defined by applicable law), religion, sex, race, color, sexual orientation, national origin, disability, or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

All questions must be answered fully and accurately. No action can be taken on this application until all questions have been answered.

PLEASE PRINT except for signature on this application.

Name      Today’s Date

(Last, First, MI)

Address:

(Street, City, State, Zip)

Telephone Number:      

(Primary) (Alternate)

Are you 18 years of age or older? YES NO

Are you eligible to work in the United States? YES NO

(Proof of eligibility will be required at time of employment)

Types of Employment you are seeking: Laborer Laborer/Driver Yard Laborer Foreman

Clerical Estimator Management Field Investigator

Full-Time Summer Work Date available to work:

Are you available for out of town work? YES NO

Are you available for shift work? YES NO

Are you available to be on call 24 hours/seven days a week if required by job? YES NO

How were you referred to us? Employment Ad

(Source)

Company Employee

(Name / Relationship)

Walk In Other

Have you ever been employed by DeLucca Fence Company, Inc. in the past? YES NO

When and in what capacity?

**DRIVING RECORD:** (Only complete if driving is a requirement of the job. All positions except Clerical could require driving.)

Do you have a valid driver’s license? YES NO State:

Class: A B C D CDL

Date CDL obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION AND TRAINING:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **School Name** | **City, State** | **No. of Years** | **Degree / Diploma** | **Area of Study** |
| **High School** |  |  |  |  |  |
| **College** |  |  |  |  |  |
| **Trade/Technical** |  |  |  |  |  |

Describe any other special training you have received:

Have you served an apprenticeship? YES NO How Long:      Trade:

Where was the apprenticeship served?

**EMPLOYMENT HISTORY:** This section must be completely filled out; a resume is not sufficient. Start with your current employer or most recent job, and account for all periods of employment (including full-time, part-time and temporary) for the previous 7 years. Use additional paper if necessary.

Company:

Address:

(Street, City, State, Zip Code)

Position:

Duties:

From:       To:      Salary:

Supervisor’s Name:       Phone No.

Reason for leaving:

**EMPLOYMENT (Continued):**

Company:

Address:

(Street, City, State, Zip Code)

Position:

Duties:

From:       To:      Salary:

Supervisor’s Name:       Phone No.

Reason for leaving:

Company:

Address:

(Street, City, State, Zip Code)

Position:

Duties:

From:       To:      Salary:

Supervisor’s Name:       Phone No.

Reason for leaving:

Company:

Address:

(Street, City, State, Zip Code)

Position:

Duties:

From:       To:      Salary:

Supervisor’s Name:       Phone No.

Reason for leaving:

Mechanical Experience or Business machines you have operated:

**CERTIFICATION AND AGREEMENT:**

It is very important that you read this section carefully and that you fully understand it before you sign it. This section affects your legal rights.

* I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission on this application is ground for refusal to hire, or if hired, termination. I authorize any of the person or organizations referenced in this application to give DeLucca Fence Company, Inc. any and all information concerning my previous employment, education, or other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and DeLucca Fence Company, Inc. from all liability for any damage that may result from furnishing such information. I authorize DeLucca Fence Company, Inc. to request and receive such information.
* If employed, I understand that I will be an employee “at will” and either DeLucca Fence Company, Inc. or I may terminate my employment relationship at any time with or without notice for any reason that does not violate the law.
* I agree to comply with DeLucca Fence Company, Inc’s rules, regulations, and policies, and acknowledge that these rules, regulations, and policies may be changed, interpreted, withdrawn or supplemented at any time, and without prior notice to me.
* I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of DeLucca Fence Company, Inc., or myself. I understand that this application and any other documents that I may receive are not contracts of employment. I further understand that no representative of DeLucca Fence Company, Inc. other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing.
* I understand that I must meet the employability requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements for completing INS Form I-9.
* I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while DeLucca Fence Company, Inc. will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other agreements. I consent to these requirements as necessary and legitimate conditions of employment.

I have read and understand everything on this application.

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

     Date

**AFFIRMATIVE ACTION INFORMATION:** It is the policy of this company to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, natural origin, sex, sexual orientation, age, veteran status, or disability. As an affirmative action employer, we invite all applicants to identify themselves as indicated below.

**Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.**

Name:       Date:

(Last, First, MI)

Position Applied for:

What is your race / ethnic origin? White

Black or African American

Native Hawaiian or Other Pacific Islander

Hispanic or Latino (all races)

Hispanic or Latino (white race only)

Hispanic or Latino (all other races)

Asian

American Indian / Alaskan Native

What is your gender? Male

Female