

**SKAGGS CONCRETE CUTTING, INC.**  
**1125 S. LAS BRISAS PL.**  
**PLACENTIA, CA 92870**  
**714-993-9488 310-637-8705**

**An Equal Opportunity Employer**

**EMPLOYMENT APPLICATION**

*Please Print*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Present address:

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

Permanent address (if different from present address):

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

Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for regular, full time work?    Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for weekend work?    Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ No \_\_\_\_\_

Would you be available to work overtime, if necessary?    Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, when can you begin work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

Many of our customers do not speak English. Do you speak, write or understand any foreign language?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Skaggs Concrete Cutting, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Education, Training and Experience

School	Name and Address	Years Completed	Graduate Year	Degree?
High School	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Vocational or Business	_____	_____	_____	_____

Employment History

List below present or past employers starting with your most recent employer (the last ten years are sufficient). Please account for all periods of employment. You must complete this section, even if attaching a resume.

1)  
 Name and address of employer

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

Type of Business \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
 Duties and position held: \_\_\_\_\_  
 Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_  
 Weekly pay: Start \_\_\_\_\_ End \_\_\_\_\_

2)  
 Name and address of employer

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

Type of Business \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
 Duties and position held: \_\_\_\_\_  
 Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_  
 Weekly pay: Start \_\_\_\_\_ End \_\_\_\_\_

Personal Information

Have you ever applied to or worked for Skaggs Concrete Cutting, Inc. in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Do you have any friends or relatives working for Skaggs Concrete Cutting, Inc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship(s): \_\_\_\_\_

Why are you applying for work at Skaggs Concrete Cutting, Inc.?

Are you at least 18 years old?

Yes \_\_\_\_\_ No \_\_\_\_\_

If under 18, hire is subject to verification that you are of minimum legal age.

Are you able to perform the duties of the job to which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Note: Hire may be subject to passing a medical examination and skill and agility tests.

Have you ever been convicted of a criminal offense, either felony or serious misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of crime(s) committed, when and where convicted and disposition of the case \_\_\_\_\_

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## NOTICE AND AUTHORIZATION FOR MOTOR VEHICLE REPORT

The undersigned understands that, in connection with my employment or contract work as a driver of vehicles registered to Skaggs Concrete Cutting, Inc.; Silverstone Insurance Services/Jetton and Associates may request a MOTOR VEHICLE REPORT from a consumer-reporting agency concerning my motor vehicle operation history, which may include possible criminal history. I understand that a MOTOR VEHICLE REPORT may be obtained for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, the information from my MOTOR VEHICLE REPORT may be used for the purpose of obtaining automobile insurance for Skaggs Concrete Cutting, Inc. This information is necessary to acquire insurance quotes and coverage. The information in this report may also affect my ability to be a driver of vehicles owned by Skaggs Concrete Cutting, Inc. I voluntarily and knowingly authorize the release of all information requested by Silverstone Insurance Services/Jetton and Associates.

Name (print): \_\_\_\_\_  
(Print name as it appears on License)

Driver License #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

State issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I am also requesting that Skaggs Concrete Cutting, Inc. provide me with a copy of my MOTOR VEHICLE REPORT.

Signature: \_\_\_\_\_