

C & W Construction  
Specialties, Inc.  
2419 Palma Drive  
Ventura, CA 93003  
805-642-0204

## Application for Employment

**DRUG SCREENING:** We are committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen.

**POST-EMPLOYMENT PHYSICAL:** We are committed to maintaining a healthy and safe workplace. All offers of employment are contingent upon successful completion of a post-employment physical.

**REFERENCES:** We are concerned about bias in the workplace, violence in the workplace, falsified applications, and employee theft. By signing this application, you authorize us to conduct a personal background check and authorize others to provide us with information with is personal and confidential.

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### An Equal Opportunity Employer

Please Print

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Business Telephone ( ) \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State

Permanent Address if Different from Present \_\_\_\_\_  
No. Street City State

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### Employment Desired

Position applying for: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Regular Full Time  Regular Part Time  Temporary

Are you available for work on weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

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### Personal Information

Have you ever applied to, or worked for C & W Construction Specialties, Inc. before? \_\_\_\_\_

If yes when? \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

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

Are you able to perform the essential functions of the job for which you are applying? \_\_\_\_\_

If no, describe the functions you cannot perform. \_\_\_\_\_

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(Note: We comply with ADA & consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, drug screen, and skill and agility tests.)

Have you ever been convicted under any name or another name of a felony or misdemeanor (excluding convictions for marijuana which occurred more than 2 years ago, or for which the record has been sealed, expunged, eradicated, or judicially dismissed)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain when you were convicted and of what you were convicted. \_\_\_\_\_

Are you presently out on bail or recognizance pending trial for the alleged commission of any crime? If yes, please explain. \_\_\_\_\_

(Felony or misdemeanor convictions, or affirmative answer above, will not necessarily disqualify an applicant from employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

School	Name and address	No. years Completed	Did you Graduate	Degree/Diploma
High School				
College/University				
Vocational/ Business				

Do you speak, write, or understand any foreign languages? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Do you have training, experience, qualifications, or skills that you feel make you especially suited for work at C & W Construction Specialties, Inc.? \_\_\_\_\_ If so, please explain \_\_\_\_\_

What interested you in C & W Construction Specialties, Inc.? \_\_\_\_\_

What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age, or existence of a disability.) \_\_\_\_\_

### Employment/Work Experience

Please list below all present and past employment for the last 10 years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of employer	Address	Telephone
Employed (Month & Year) From                      To	Rate of Pay Starting                      Ending	Average number of hours worked per week
Positions held:	Supervisor's name & position	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all your significant duties:		
Reason for leaving:		

Name of employer	Address	Telephone
Employed (Month & Year) From                  To	Rate of Pay Starting                  Ending	Average number of hours worked per week
Positions held:	Supervisor's name & position	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all your significant duties:		
Reason for leaving:		

Name of employer	Address	Telephone
Employed (Month & Year) From                  To	Rate of Pay Starting                  Ending	Average number of hours worked per week
Positions held:	Supervisor's name & position	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all your significant duties:		
Reason for leaving:		

Name of employer	Address	Telephone
Employed (Month & Year) From                  To	Rate of Pay Starting                  Ending	Average number of hours worked per week
Positions held:	Supervisor's name & position	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all your significant duties:		
Reason for leaving:		

Name of employer	Address	Telephone
Employed (Month & Year) From                  To	Rate of Pay Starting                  Ending	Average number of hours worked per week
Positions held:	Supervisor's name & position	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe all your significant duties:		
Reason for leaving:		

If you need additional space, please continue your response on a separate page.  
 To aid us in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on the application.

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

If yes, please specify the name you were employed or enrolled under.

Please provide the names, addresses, and telephone numbers of at least three references who are not related to you:

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment, education, and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive any offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as set forth in the Company's Employee Manual or otherwise posted, as may be amended from time to time by the Company without any prior notice to or the consent of the undersigned applicant. I further agree that my employment and compensation can be terminated at will, with or without cause, and that no employee or representative of the Company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a pre-employment drug screening and post-offer medical examination.

_____ Signature of Applicant	_____ Date
_____ Drivers Lic. Number	_____ Date of Birth
_____ Place of Birth	

