Application For Employment

(Please Print or Type)

"We are an equal opportunity employer. We do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis protected by local, state or federal law, including a person's age, sex, race, creed, national origin, religion, disability, or veteran status. Applicants for positions with the Company must completely fill out this application to be considered for employment. No applicant will be considered for employment solely on the basis of a resume. Do not volunteer any information not requested on the application. This application will remain active for 60 days only. If you are not contacted by a Company representative within 60 days and still wish to be considered for a position, you must fill out and submit another application."

Personal Information

Name)			
	Last	First	Middle	
Addre	Street	City	State	Zip
Phone	е			
	Home	Cell		Other
Socia	I Security Number			
E-ma	il Address			
authoriza				sfactory proof of employment ed. Failure to submit such proof within
Positio	n		Da	te
1.	<u>•</u>	on we would need about york record? Please specify:		of another name for us to be
2.	Do you have any relatives who are presently (or have formerly been) employed by the Company? (If yes please provide name(s):			
3.	Are you prevented from becoming lawfully employed in the United States because of your VISA or immigration status?			
4.	How were you referre	d to our Company?		
5.	Do you have reliable	means of transportation?		
6.	Within the last seven (7) years have you ever been convicted of, or served a sentence for, any type of criminal offense, other than a minor traffic violation? If "YES" please describe the circumstances:			
7.	your arrest? If "YES"	', please explain:		rant currently outstanding for
	your rehabilitation and the position for whic	n you are applying will be taken into account.)	- "	

Employment Record (Please include all employment for the past five (5) years) (start with the most current employer and position) II.

Address: Describe Work: Reason for Leaving:	City/State		
Reason for Leaving:			
	Reason for Leaving:		
Company Name:	Phone:		
Address:	City/State		
Describe Work:			
Reason for Leaving:			
N	DI.		
Company Name:	Phone:		
Address:	City/State		
Describe Work:			
Reason for Leaving:			
Damaga Mama	Dhara		
	Phone:		
Address:	City/State		
Describe Work:			
Reason for Leaving:			
Company Name:	Phone:		
	City/State		
	ony, oraco		
Reason for Leaving:			
Reason for Leaving:			
	Reason for Leaving: Company Name: Address: Describe Work: Reason for Leaving: Company Name: Address: Describe Work:		

III.	Edu	cational History School Name	Years Completed	Diploma/Degree			
Elem/J	r. High						
High S	School						
Coll	ege						
Otl	her						
IV.		erences se do not include relatives or former employers)					
Name:							
Address	3:		City/State				
Phone:							
Years Known:			Occupation:				
Name:							
Address	S:		City/State				
Phone:							
Years K	ínown:		Occupation:				
٧.	Wor	k Availability					
1.	If yo	If your application receives favorable consideration, when are you able to begin work?					
0							
2. 3.	Are you able to meet the attendance requirements of the position?						
3. 4.	_	Can you work over forty (40) hours per week without prior notice?					
5.		Can you work over eight (8) hours per day without prior notice?					
6.		Can you work on Saturday?					
7.		Can you work on Sunday?					
VI.	Sala	Salary/Hourly Rate Requirements					
		• •	orable consideration, what salary/hourly ra _ per	ate would you require?			
			Page 3				

VII. Verification

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for employment as may be necessary in arriving at an employment decision. I understand that, if I am employed, any statements that I have falsified on this Application shall be grounds for immediate dismissal. I also understand that, if employed by the Company, I am required to abide by all of the Company's rules and regulations.

1. Consent to Conduct Background Investigation

As a condition of an in consideration for the Company's consideration of this application, I give permission to the Company to investigate my personally and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the Company to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to the Company to contact all employers listed on this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company. I consent to release of such information whether orally on in writing. I hereby indemnify and release the Company and any persons providing or receiving such information from all liability ad agree not to bring any legal action for defamation, invasion of privacy, or any other claims based upon any statement made to anyone at the Company regarding me.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of the Company to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information.

4. Cooperation with Investigation

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

5. Application Considered for Sixty (60) Days

This employment application will be considered active for sixty (60) days form the date below. If I want to be considered for a job with the Company after this period of time, I must complete and submit another application.

6. Medical Examination

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job-related and consistent with the Company's business needs, to undergo a medical examination or testing for drugs or alcohol.

7. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

8. Employment "At Will"

Employment "At Will" I understand that if I am hired by the Company, my employment is "at will"- meaning that it is for no definite period of time and can terminated by me or by the Company, with or without cause or notice, at any time. I also understand that no representative of the Company, other than the President, has the authority to enter an agreement with me contrary to the foregoing, and I understand that any agreement that the President might enter with me contrary to the foregoing must be in writing to be enforceable. I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

9. Venue of Montgomery County, Ohio

I agree that any dispute, claim or controversy which may arise between me and the Company with regard to this Application for Employment, or with regard to my employment by the Company if hired, including any claim that I was not hired or that I was disciplined or discharged as a result of my age, sex, color, race, creed, national origin, religious persuasion, or disability or in violation of Ohio Law, shall be brought and heard in Montgomery County, Ohio. The employee consents to said venue in virtue of executing this application.

Applicant's Signature	Date

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION WAIVER

I hereby authorize ANGLER CONSTRUCTION SERVICES, INC., to obtain motor vehicle reports, police and law enforcement agency reports, references, credit reports, consumer reports, investigative consumer reports, medical information, school records, and other information about me, which may include information obtained from prior employers, personal references, knowledgeable acquaintances, neighbors and friends as to my character, general reputation, job performance, personal characteristics and mode of living. This information is being obtained in compliance with the Fair Credit Reporting Act.

I release such persons, businesses, corporations, institutions, medical establishments, local, state, federal law enforcement agencies and all government agencies from any and all liability of any type as a result of providing the above mentioned information to ANGLER CONSTRUCTION SERVICES, INC., or their authorized agents.

I hereby release and discharge ANGLER CONSTRUCTION SERVICES, INC., their employees, agents, successors and assigns, from any liability that may arise out of the investigation of my background as set forth herein.

I have read and understand this release/waiver in its entirety, and have authorized ANGLER CONSTRUCTION SERVICES, INC., to obtain records and information listed in this release/waiver.

SIGNATURE		DATE	
WITNESS		DATE	
FULL NAME: (Please Print)		(Maiden Name)	
			
	Driver's License No:		
	Counties lived in California past 7	vears	