



**Coring &
Cutting Group**

APPLICATION FOR EMPLOYMENT

www.sawconcrete.com

PLEASE PRINT OR TYPE. A RESUME MAY NOT BE SUBSTITUTED FOR THE APPLICATION.																																																										
POSITION(S) APPLYING FOR:							DATE																																																			
NAME (LAST)			(FIRST)			(MI)		SOCIAL SECURITY NUMBER																																																		
ADDRESS (STREET)				CITY		STATE		ZIP CODE																																																		
HOME PHONE NUMBER			WORK PHONE, OKAY TO CALL 8-57 YES <input type="checkbox"/> NO <input type="checkbox"/>				CELL PHONE																																																			
HOME E-MAIL ADDRESS					WORK E-MAIL, MAY WE CONTACT YOU AT THIS ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																					
ARE YOU AT LEAST 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE FOR WORK ON OR AFTER			TYPE OF POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			LIST ANTICIPATED STARTING SALARY \$ /YEAR																																																		
EDUCATION AND TRAINING: PLEASE PROVIDE INFORMATION REGARDING EDUCATION AND TRAINING BACKGROUND. PLEASE ATTACH COPIES OF OFFICIAL TRANSCRIPTS.																																																										
INDICATE HIGHEST GRADE COMPLETED																																																										
<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>GED</td><td>OTHER</td><td>1</td><td>2</td><td>COLLEGE</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>6+</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>										1	2	3	4	5	6	7	8	9	10	11	12	GED	OTHER	1	2	COLLEGE	1	2	3	4	5	6	6+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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HIGH SCHOOL		CITY AND STATE				LAST YEAR ATTENDED		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO																																																		
COLLEGE/UNIVERSITY		CITY AND STATE		MAJOR		LAST YEAR ATTENDED		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO																																																		
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TRADE SCHOOL		CITY AND STATE		AREA(S) OF STUDY		LAST YEAR ATTENDED		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO																																																		
PLEASE INDICATE ANY SPECIAL COURSES OR TRAINING PROGRAMS NOT REPORTED THAT RELATE TO THE TYPE OF EMPLOYMENT YOU ARE SEEKING. ALSO, LIST ANY WORK-RELATED SKILLS OR EXPERIENCE YOU HAVE OBTAINED THROUGH UNPAID WORK, VOLUNTEER WORK, SKILLS DEVELOPED AS HOBBY, ETC.																																																										
CURRENTLY VALID LICENSES/CERTIFICATES (RELATIVE TO THE MINIMUM QUALIFICATIONS FOR POSITION)																																																										
DO YOU HAVE OR CAN YOU OBTAIN A VALID DRIVER'S LICENSE?							<input type="checkbox"/> YES <input type="checkbox"/> NO																																																			
DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?							<input type="checkbox"/> YES <input type="checkbox"/> NO																																																			
OTHER LICENSE OR CERTIFICATE					NUMBER																																																					
COMMENTS																																																										
MILITARY EXPERIENCE																																																										
HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, DATE ACTIVE DUTY STARTED				WHICH BRANCH OF SERVICE?																																																			
DATE OF DISCHARGE			TYPE OF DISCHARGE				RANK AT DISCHARGE																																																			

WHAT SPECIAL TRAINING DID YOU RECEIVE OR WHAT SKILLS DID YOU ACQUIRE DURING YOUR SERVICE?

PERSONAL INFORMATION

IF NECESSARY, ARE YOU WILLING TO RELOCATE? YES NO

HAVE YOU HAD MORE THAN TWO VEHICLE MOVING VIOLATIONS WITHIN THE LAST TWO YEARS? YES NO
 IF YES, PLEASE PROVIDE DATES AND TYPE OF VIOLATION.

HAVE YOU EVER BEEN CONVICTED OF A DWI/DUI? IF YES, PLEASE EXPLAIN.

ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? YES NO
 IF YES, NAME EMPLOYER, DATE, AND REASON FOR EACH CASE.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? (excluding minor traffic offenses) YES NO
 If yes, please explain. Conviction of a violation of the law is not automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)

EXPERIENCE

NAME OF EMPLOYER (CURRENT OR MOST RECENT)		DATES EMPLOYED	
		FROM:	TO:
ADDRESS (STREET)	CITY/STATE	PHONE NUMBER	
TYPE OF BUSINESS	STARTING TITLE	LAST TITLE	FINAL ANNUAL SALARY
NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE STATE REASON	
REASON FOR LEAVING	EMPLOYMENT WAS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
BRIEF DESCRIPTION OF DUTIES			

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		FROM:	TO:
ADDRESS (STREET)	CITY/STATE	PHONE	
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REASON FOR LEAVING		EMPLOYMENT WAS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
BRIEF DESCRIPTION OF DUTIES			
BUSINESS REFERENCES			
In the space below, list the name, address and phone number of persons known to you, but not related, for at least three years.			
NAME	ADDRESS	DAYTIME PHONE	EVENING PHONE
I certify the above statements are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Coring & Cutting Group, Inc. to review my previous employment, driving and criminal records and order background data as related to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.			
PRINT OR TYPE FULL LEGAL NAME:		DATE	
ORIGINAL SIGNATURE			



**AFFIRMATIVE ACTION
CORING & CUTTING GROUP, INC.
ADMINISTRATIVE SERVICES**

COMPLETION OF THIS FORM IS VOLUNTARY AND WILL PROVIDE CORING & CUTTING GROUP, INC. WITH INFORMATION TO MAINTAIN OUR AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY RECORDS. THE INFORMATION WILL NOT BE A PART OF YOUR OFFICIAL PERSONNEL FILE.

NAME(OPTIONAL)	DATE
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I. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED?

- 1. 0-8 years.
- 2. 9-12 years but not a high school graduate.
- 3. High School graduate or passed GED test.
- 4. Post high school vocational or business school training.
- 5. College, less than B.A. or B.S. degree.
- 6. B.A. or B.S. or comparable bachelor's degree.
- 7. M.A. or M.S. or comparable master's degree.
- 8. PH.D., J.D., LL.B. or comparable professional degree.
- 9. M.D., D.V.M. or comparable professional degree in medicine.

II. WHAT GENDER ARE YOU?

- A. Male
- B. Female

III. WHAT IS YOUR AGE? (INDICATE THE GROUP IN WHICH YOU FALL)

- | | |
|---|--|
| <input type="checkbox"/> 1. 16-24 years | <input type="checkbox"/> 5. 50-59 years |
| <input type="checkbox"/> 2. 25-29 years | <input type="checkbox"/> 6. 60-64 years |
| <input type="checkbox"/> 3. 30-39 years | <input type="checkbox"/> 7. 65-69 years |
| <input type="checkbox"/> 4. 40-49 years | <input type="checkbox"/> 8. 70 or more years |

IV. OF THE FOLLOWING, OF WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> A - Asian | <input type="checkbox"/> H - Hispanic |
| <input type="checkbox"/> I - American Indian | <input type="checkbox"/> W - White |
| <input type="checkbox"/> B - African - American | <input type="checkbox"/> U - Other |

V. HOW DID YOU LEARN OF THIS POSITION?

- | | |
|---|--|
| <input type="checkbox"/> 1. State Division of Employment Security | <input type="checkbox"/> 6. Coring & Cutting Group Website |
| <input type="checkbox"/> 2. Other State agency | <input type="checkbox"/> 7. Newspaper or periodical |
| <input type="checkbox"/> 3. Friend | <input type="checkbox"/> 8. School |
| <input type="checkbox"/> 4. State employee | <input type="checkbox"/> 9. Other _____ |
| <input type="checkbox"/> 5. Internet | |