



CONSTRUCTION, INC.

239 Golf Hill Road, Honesdale, PA 18431 - Phone: (570) 253-4090 - Fax: (570) 253-4346

APPLICATION FOR EMPLOYMENT
An Equal Opportunity /Affirmative Action Employer

If you are disabled and need an accomodation to assist you in the application process, please contact the EEO Officer at (570) 253-4090

Leeward Construction, Inc. is an equal opportunity employer. Employment decisions including all hiring decisions are made without regard to race, color, religion/creed, sex, sexual orientation, martial status, gender identity, national origin, ancestry, age, pregnancy, non-job related disability, physical or mental disability, military status or unfavorable discharge from military service, possession of a General Education Development Certificate as compared to a high school diploma, or any other trait protected by applicable federal, state, or local laws. We strive to hire the hardest working and most qualified individuals.

Instructions: Please complete the entire application truthfully. Even if you are attaching a resume, the entire application must be complete or it will not be considered. Any falsifications or omissions may be grounds for immediate dismissal. If a given question is not applicable to you, you should answer N/A.

Date of Application \_\_\_/\_\_\_/\_\_\_

Table with 3 columns: Position(s) Applied For, Date You Can Start, Desired Pay \$

PERSONAL INFORMATION

Last Name First Name Middle Initial

Address: Street City State Zip

Email Address

Home Phone # Mobile Phone #

- Are you legally eligible for employment in the United States? Yes No
Do you have a valid driver's license? Yes No
Are you at least 18 years of age? Yes No
If you are not at least 18 years of age, do you have valid working papers? Yes No
Are you available to work full time? (40 Hours) Yes No
Can you work any shift? Yes No
Can you work overtime, including weekends? Yes No
Are you available to travel, via transportation provided by you, to job sites? Yes No

Are you able to perform all of the essential functions of the job that you have applied for with or without a reasonable accommodation? *List of Essential Functions available upon request.*  Yes  No

Describe skills relevant to the position applying for: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Have you ever been convicted of, or pled guilty to any felony or misdemeanor crime?  Yes  No

If yes, please list all felonies and misdemeanors which you have been convicted of or pled guilty to and include a date of the offense. Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.

**EQUIPMENT OPERATORS ONLY - Please enter the number of years of experience you have operating the following machinery:**

Excavator:	_____ yrs	Other:	_____
Loader:	_____ yrs		_____
Bulldozer:	_____ yrs		_____
Crane:	_____ yrs		_____

**CURRENT EMPLOYMENT**

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

Current Rate of Pay: \$ \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Describe current position & job duties: \_\_\_\_\_

Has your employer taken any disciplinary action against you in the last two (2) years?  Yes  No

If yes, explain the discipline in detail: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Include the last seven (7) years of employment history starting with the most recent and working backwards. Include periods of unemployment where applicable.

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe any lapse of employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you involved in any community/volunteer services?

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

If yes, please list: \_\_\_\_\_

**MILITARY SERVICE**

Branch of Service	Period of Active Duty	Date of Discharge	Rank of Discharge
Description of Duties:			

Have you ever filled an application with us before?

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

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?

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

If yes, give date: \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer?

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

If yes, please provide company name(s) & details: \_\_\_\_\_

**EDUCATION**

High School:	Number of Years Completed:
University/College/Trade School:	Number of Years Completed:
Major/Degree:	Other Education:

**REFERENCES**

List three (3) persons not related to you, whom you have known at least three (3) years

Name	Address	Business	Years Acquainted

**DRIVER EXPERIENCE AND QUALIFICATIONS**

List Current Driver's License Information

State:	License #:	Expiration Date:
<b>Class</b>	<b>Endorsements</b>	<b>Restrictions</b>
CDL Class A <input type="checkbox"/>	Hazmat <input type="checkbox"/>	
CLD Class B <input type="checkbox"/>	Tank <input type="checkbox"/>	
Class C <input type="checkbox"/>	Other: _____	

If you have held a Driver's license in any other state, please list: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	From (Month/Year)	To (Month/Year)	Approximate Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

Please list all motor vehicle accidents in which you were involved as a driver during the last three (3) years.

1)

Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Please estimate the amount of any injury or property damage resulting from this accident: \$ \_\_\_\_\_

2)

Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Please estimate the amount of any injury or property damage resulting from this accident: \$ \_\_\_\_\_

3)

Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Please estimate the amount of any injury or property damage resulting from this accident: \$ \_\_\_\_\_

Has your license or privilege to operate a motor vehicle ever been denied, revoked or suspended? If yes, please describe all facts and circumstances \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**REFERRAL SOURCE**

- |                         |                                 |
|-------------------------|---------------------------------|
| _____ Advertisement     | _____ Employee                  |
| _____ Relative          | _____ Private Employment Agency |
| _____ Friend            | _____ Walk-In                   |
| _____ Government Agency | _____ Internet                  |
| _____ Job Fair          | _____ Other                     |



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**APPLICATION AUTHORIZATION CERTIFICATION**

**Please Read Carefully Before Signing**

In submitting this application for employment, I authorize the Company to investigate all statements contained in it, and I understand that my current and/or former employers and references, whom I have listed, may be contacted to provide information concerning my suitability for employment. I expressly authorize the Company to conduct such inquiries and I release the Company and any responding parties from any and all liability associated with such inquiries.

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for Leeward Construction, Inc., to hire me. I understand that in the event that I am hired, I will be hired as an at-will employee; that either Leeward Construction, Inc., or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Leeward Construction, Inc., has the authority to make any assurance to the contrary.

I understand and agree that I will undergo a post-offer, pre-employment testing for illegal drugs and alcohol as a condition of employment. Any applicant with a verified, confirmed positive test results or other non-negative results or refuse to test shall be denied employment. The Company will not discriminate against applicants for employment because of history of drug or alcohol abuse. Therefore, individuals who have failed a post-offer test may initiate another inquiry with the Company after they are drug and alcohol free.

**I certify that I have read this entire employment application, including all information that I have provided on the application, and the entire statement set forth immediately above. I further certify that all of the information that I have provided on this employment application is true and complete. No requested information has been concealed. If any information I have provided is untrue, a misrepresentation, or I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal post-hire.**

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

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

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.  
CONSIDERSATION FOR EMPLOYMENT AFTER 60 DAYS REQUIRES A NEW APPLICATION.**