



Application for Employment

1600 Kennview Drive
P. O. Drawer 970
Marietta, GA 30061

ALL QUESTIONS MUST BE ANSWERED
An Incomplete Application Will Be Rejected

This Company is an equal opportunity employer. It is the policy of This Company not to discriminate in hiring and employment on the basis of race, color, religion, national origin, sex, disability, age or protected class status in accordance with all applicable federal, state and local laws. No question on this application is intended to secure information for an unlawful purpose. This application will be considered active for 30 days. If you have not been employed within this period and are still interested in employment with the Company, please contact the personnel office where you applied and request that your application be reactivated.

Position(s) Applied for _____ Date of Application _____

Name _____ (_____)
LAST FIRST MIDDLE NICKNAME

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. (_____) _____ Social Security No. _____
AREA CODE

Have you ever filed an employment application here before? No Yes If Yes: When? _____

Have you ever been employed here before? No Yes If Yes: When? _____

Do you have a valid Driver's License? No Yes

Driver's License No. _____ Class _____ State _____ Expiration Date _____

Rate of Pay Required? _____

Are you available for full time work? Yes No

Will you work overtime if asked? Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof is required for employment)

Over 18 years of age? Yes No

Education

	Name and Location of School	No. of Yrs. Completed	Did you Graduate?	Degree or Subjects Studied?
High School				
College				
Trade, Business, Correspondence Schools				

FOR HIRING FOREMAN OR SUPERINTENDENT'S USE ONLY

Hired? Yes Date _____ Class _____ Rate _____ Supervisor _____

No Job No. _____ County & State _____

If not hired, give reason _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. *Start with present or most recent employer.*

1	Company Name	Telephone ()
	Address	Dates of Employment From To
	Name of Immediate Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Dates of Employment From To
	Name of Immediate Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Dates of Employment From To
	Name of Immediate Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

Other Skills, Qualifications & Experience Not Indicated Above?

We will contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

Other references not related to you (optional information)		
Name	Address	Phone No.

Have you ever been convicted of a crime other than a traffic offense? (Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.) Yes _____ No _____

If yes, explain. _____

Before signing this application, you should ask for assistance if you do not understand any statement, request for information or need help in completing this application.

USE OF ILLEGAL DRUGS

It is the desire of C.W. Matthews Contracting Co., Inc. to provide a drug-free workplace for the safety of its employees and the general public. Involvement with illegal drugs by our employees is contrary to this objective.

- The illegal use, sale, distribution, or possession of any narcotic, drug or controlled substance, either on or off the job, will result in the immediate termination of employment.
- Every applicant who is considered for employment will be tested for the use of illegal drugs.
- Every employee remains subject, as a condition of continued employment, to additional drug testing, at various times to be selected by the Company.
- Failure to pass a drug screen test will preclude initial or continued employment with the Company.

AUTHORIZATION AND RELEASE FOR DRUG SCREEN TESTS

I hereby authorize C.W. Matthews Contracting Co., Inc. (along with any Physician, Clinic, Hospital or Laboratory designated by the Company to perform tests on me for the detection of illegal drugs. I give my permission to the designated Physician, Clinic, Hospital or Laboratory to release the results of such tests to the Company. I agree to release, forever discharge and hold harmless C.W. Matthews Contracting Co., Inc., including its successors, assigns, officers, directors, agents and employees from any and all actions, cause of action, claims and demands, for any damage or loss which may be sustained by me, as a result of any employment action or separation from employment which may take place due to my failure to pass a drug screen test, or my failure to otherwise comply with the company's anti-drug policy.

OTHER CONDITIONS OF EMPLOYMENT

I understand that the Company may contact all persons, schools, and employers, current or former, to verify my employment or obtain information that may be required to arrive at an employment decision. I hereby release the Company and the aforementioned who provide such information from any liability and damages regarding the provision of such information.

I acknowledge that my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company, other than a Vice-President of the Company, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement that contradicts or modifies the foregoing in any manner. Any written or oral statements to the contrary are hereby expressly disavowed and should not be relied upon by current or prospective employees.

I hereby declare the information provided by me in this application for employment as true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may result in discharge.

Signature: _____ Date: _____

