

GINNO CONSTRUCTION COMPANY

3893 N Schreiber Way
Coeur d'Alene ID 83815
Ph: 208-667-5560 Fax: 208-665-0471

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Date: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City St Zip

MAILING ADDRESS: _____
Street/PO Box City St Zip

TELEPHONE NUMBER: _____ Are you 18 years or older? _____

SOCIAL SECURITY NUMBER: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____

Are you now employed? _____ May we contact your present employer? _____

Have you ever applied to Ginno Construction before? _____ Do you have a valid driver's license? _____

Referred by: _____

EDUCATIONAL AND TRAINING BACKGROUND

1. Circle highest grade completed: Grade 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5

2. Name of High School: _____ Graduate? _____

3. Name of College: _____ Graduate? _____

College Major: _____ Minor: _____

4. Apprenticeship, Trade School Training: (Please list trade, school, date completed): _____

5. First Aid Certificates: _____
Type Date on Card

6. OSHA Training/Courses: (Please list type & date): _____

EMPLOYMENT HISTORY (List Below Last Three Employers, Starting with Last One First)

1. Current or Last Employer: (Name, address, telephone): _____

Dates Worked: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

2. Current or Last Employer: (Name, address, telephone): _____

Dates Worked: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

3. Current or Last Employer: (Name, address, telephone): _____

Dates Worked: From: _____ To: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

REFERENCES:

1. List three personal references (excluding relatives or former employers).

Name: _____ Address: _____ Occupation: _____ Phone: _____

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM

I authorize investigation of all statements contained in this application. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. I am also willing to take a physical examination and/or drug screening test, if requested, and authorize the doctor(s) involved to disclose to Ginno Construction Company the results of that examination.

In consideration of my employment, I agree to conform to the rules of Ginno Construction Company, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Ginno Construction, Inc. I further understand and acknowledge that this application and all other attachments are not and are not intended to be a contract of employment.

Date: _____

Applicant's Signature: _____

Ginno Construction's Drug Testing Program

Consent to Testing Form
(Prospective Employee)

I understand that consideration for employment with GINNO CONSTRUCTION it is contingent upon the satisfactory results of a drug test in accordance with state and federal regulations.

I understand the testing is voluntary on my part, that I may refuse to submit to testing, and that such a refusal will be considered a voluntary withdrawal of employment on my part. Testing and reporting of my specimen results will be conducted in accordance with policy guidelines and upon a positive result be afforded an opportunity to discuss the results with a MRO (Medical Review Officer) at my own expense.

I understand that the test results will be released to GINNO CONSTRUCTION and those results will be conditional upon whether the company decides to hire me.

I fully understand that if my drug test is confirmed positive for prohibited substances, I will not be offered employment.

I understand and consent to the release of my drug test result to the MRO and GINNO CONSTRUCTION and understand those results will be held completely confidential by all parties.

I understand that if I quit or am terminated for cause within 30 days of hire with GINNO CONSTRUCTION, the cost of my pre-employment drug test will be deducted from my final paycheck.

I have read this document and fully understand the contents and the terms of GINNO CONSTRUCTION Drug Free Workplace Program. With full knowledge, I hereby voluntarily agree to submit to drug testing and agree to abide by those terms.

Date: _____

Applicant's Name (print)

Applicant's Signature

Ginno Construction Contact (print)

Ginno Construction Contact Signature