



6461 Global Drive
 Cypress, CA 90630
 (714) 636-4542
 Fax (714) 455-7016
www.kgcinc.com

For Office Use Only	
Start Date	
Starting Rate of Pay	
Starting Job Title	

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____

Cell: () _____ Home: () _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you legally eligible to be employed in the United States? YES NO (Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO (If no, you may be required to provide authorization to work.)

Have you ever worked for this company? YES NO If so, when? _____

Were you referred to this company? _____

Are you willing to travel? YES NO If not, what are your restrictions? _____

Do you have appropriate transportation? YES NO How many years of experience do you have in commercial and industrial construction? _____

Do you have all of the tools on the attached Tool List, for the classification you are applying for? YES NO How many years of experience do you have with concrete specifically? _____

Previous Employment (7 year history preferred)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

"At Will" Employment Statement

I acknowledge that my employment at Kindness General Contractors, LLC is "at will", meaning that the terms of my employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, transfer compensation, benefits, duties, and location of work. There is no agreement, expressed or implied, between Kindness General Contractors, LLC and for me continuing long-term employment. Accordingly, either I or Kindness General Contractors, LLC may terminate the employment relationship at any time, with or without notice, with or without cause. While foremen and managers have certain hiring authority, no foreman, manager, or representative of Kindness General Contractors, LLC has any authority to alter the "at will" relationship.

Disclaimer

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative from the company has any authority to enter into any agreement for employment for any specified period, to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: _____