An Equal Opportunity Employer

EMPLOYMENT APPLICATION

PLEASE PRINT Date: _____

Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all required sections of this application, except for those sections marked "voluntary," will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Company.

Name: _____ _____ _____
Last First Middle

Primary Phone Number (___) _____ Email Address _____

Present Address: _____ _____ _____ _____
No. & Street City State Zip

EMPLOYMENT DESIRED

Position applying for: DEMOLITION LABORER ☐ OTHER ☐ _____

Are you applying for:

Regular full-time work? Yes ☐ No ☐

Regular part-time work? Yes ☐ No ☐

Would you be available to work overtime, if necessary? Yes ☐ No ☐
(Total hours and schedule are at the discretion of the company)

If hired, on what date can you start work? _____

Salary or hourly rate desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for **ULTIMATE REMOVAL, INC.** before? Yes ☐ No ☐
If yes, when? _____

Do you have any friends or relatives working for **ULTIMATE REMOVAL, INC.**? Yes ☐ No ☐
If yes, state name(s) and relationship _____

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes ☐ No ☐

If hired, would you have a reliable means of transportation to and from work? Yes ☐ No ☐

Are you at least 18 years old? Yes ☐ No ☐

(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)
If hired, can you present documentation establishing your legal right to employment in the United States? Yes ☐ No ☐

Have you ever lost or been denied a security clearance? (If yes, please explain on a separate sheet) Yes ☐ No ☐

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes ☐ No ☐
If no, describe the functions that cannot be performed. _____
_____

(Note: Hire may be subject to passing a medical fitness for duty examination.)

EMERCENGY CONTACT

Name	Phone Number	Relation

EMPLOYMENT HISTORY

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving").

May we contact your present employer? Yes☐ No☐

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

REFERRAL

Name: _____

Who were you referred by?

Referral's Foreman: _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at **ULTIMATE REMOVAL, INC.?**
If so, please explain:

Please read carefully, initial each paragraph and sign below.

_____ I understand that persons employed at **ULTIMATE REMOVAL, INC**. ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

_____ I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. The Company will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

_____ In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Company in its policies and practices or as directed by management.

_____ I understand that each employee of Company is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

_____ I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment.

_____ I understand that if offered employment I may be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

_____ I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

_____ I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

_____ _____

Signature of Applicant Date