



# Application for Employment

Date \_\_\_\_\_

It is the policy of BUCCANEER DEMOLITION, INC. to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, ancestry, marital status, disability as defined by law, sexual orientation, or any other basis protected by law.

## PERSONAL DATA

Name (First)	(Last)	(Middle)	Social Security Number	
Present Address (Street)	(City & State)	(Zip)	(Home Phone) /	(Business Phone)
Permanent Address (If different from present address)				
Are you over 18 years old? Yes No		[If not, can you furnish a work permit? Yes No		
If hired, would you have a means of reliable transportation to and from work? Yes No				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No				
<b>In accordance with the immigration Reform and Control Act of 1986, proof of employment eligibility and Identification will be required on your first day of</b>				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No			If no, please describe the functions that you cannot perform:	
<b>We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to Passing a medical examination, and to skill and agility tests.</b>				

## EMPLOYMENT DESIRED

Position Desired				Have you ever been employed by us? If yes, give dates Yes No				
Salary Requirements				Date available for employment				
How did you learn of this opening?				Have you ever interviewed with us?				
Hours available	From /To	Sun	Man	Tues	Wed	Thurs	Fri	Sat
Are you available to work overtime, if necessary?				Date available for employment				
Are you applying for regular full-time work? Yes No				Are you applying for regular part-time work? Yes No				
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No				If yes, state nature of the crimes(s), when and where convicted and disposition of the case.				
Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No				If yes, which language(s)?				
Convictions are not an absolute bar to employment, but will be considered only in relation to specific Job requirements								

## EDUCATION

		<b>Did you attend school under a different name</b> Yes      No <b>Name:</b>
High School		Grade Point Average
Location	Graduate? Yes      No	
College	No. of years attended	Major GPA
Location	Overall GPA	
Major Emphasis	Degree Completed Yes      No	Level/Type of Degree
College	No. of years attended	Major GPA
Location	Overall GPA	
Major Emphasis	Degree Completed Yes      No	Level/Type of Degree
College	No. of years attended	Major GPA
Location	Overall GPA	
Major Emphasis	Degree Completed Yes      No	Level/Type of Degree

## EMPLOYMENT HISTORY

Please complete in detail starting with PRESENT employer, list ALL employment and explain any time not accounted for, attach resume for additional information. Any offer of employment will be contingent upon a satisfactory completion of a reference check				May We contact your current employer prior to making an offer? Yes      No	
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary	
		From Mo./Yr.	To Mo./Yr.	Ending Salary	
Address				Other compensation (e.g. bonus, commission, etc.)	
Your position, title and duties				Amount of other compensation \$            per	
Reason for leaving				Did you work in this position under a different name? Yes      No If Yes, give name:	
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary	
		From Mo./Yr.	To Mo./Yr.	Ending Salary	
Address				Other compensation (e.g. bonus, Commission, etc.)	
Your position, title and duties				Amount of other compensation \$            per	
Reason for leaving				Did you work in this position under a different name? Yes      No If yes, give name:	

Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
		From Mo./Yr.	To Mo./Yr.	Ending Salary
Address				Other compensation (e.g. bonus, <b>commission, etc.</b> )
Your position, title and duties				<b>Amount of other compensation</b> \$                      per
Reason for leaving				Did you work in this position <b>under a different name?</b> Yes    No If yes, give name:
Company Name	Supervisor's Name and Phone No.	Dates of Employment		Starting Salary
		From Mo./Yr.	To Mo./Yr.	Ending Salary
Address				Other compensation (e.g. bonus, <b>commission, etc.</b> )
Your position, title and duties				<b>Amount of other compensation</b> \$                      per
Reason for leaving				Did you work in this position <b>under a different name?</b> Yes    No If yes, give name:

**References:** List below three persons not related to you, who have knowledge of your work performance within the last three years.

_____	_____	_____	_____
<i>Name</i>	<i>Phone#</i>	<i>Physical Address</i>	<i>Occupation</i>
_____	_____	_____	_____
<i>Name</i>	<i>Phone#</i>	<i>Physical Address</i>	<i>Occupation</i>
_____	_____	_____	_____
<i>Name</i>	<i>Phone#</i>	<i>Physical Address</i>	<i>Occupation</i>

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all the information provided on this application (and accompanying resume, if any) is true and complete. I agree that any falsified statements, omissions, or any other form of misrepresentation in the application process may disqualify me from further consideration and may result in termination if discovered at a later time (regardless of the time elapsed before discovery).

I authorize a thorough investigation of my references, past work record, education, credit history, criminal records, and other matters or activities in order to assess my suitability for employment. I agree to fully cooperate in such investigation, and release from all liability or responsibility all persons requesting, communicating, reviewing, or evaluating such information. I further authorize any physician or hospital to release any necessary information pertaining to any position that may be offered to me at this time, or at a later date.

I understand that, according to law, all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the documentation within the time required by law. I further understand that any offer of employment may be contingent upon my ability to successfully pass a job-related physical examination, which may include a drug screen.

I understand that nothing contained in the application process (including Interviews) is intended to create an employment contract between the company and me. I also agree that employment at the company is at will. I understand and agree that my employment would be for no definite period or determinable period of time and may be terminated at any time, for any or no reason, with or without prior notice, by me or the company. I also understand and agree that no promises or representations contrary to the foregoing are binding on the company unless they are made in writing and that writing is signed by me and the company's designated official.

I have carefully read all the above and I voluntarily grant the above release. I also agree that if I am hired I will be required and will abide by all the rules and regulations of the company.

**Applicant's Signature** — — — — —

**Date** — — — — —

## Voluntary Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, sex, national origin, religion, marital or veteran status, sexual orientation, medical condition or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports of the sex, religion, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

**Submission of information is voluntary.**

Last Name	First Name	Date	Position Applied For
Check One Male   Female	Check if Applicable Vietnam Veteran   Disabled Veteran   Disabled Individual		
Check One Other   Black   Hispanic   American Indian/Alaskan Native   Asian/Pacific Islander			

# Applicant Information

(Keep in a secure file separate from personnel records)

The following information is required by law enforcement agencies and other entities for identification purposes when conducting a background check. It is confidential and will not be used for any other purpose.

## Please Print Clearly

Print Full Legal Name: \_\_\_\_\_ Other names used: \_\_\_\_\_ Sex: [ ]M [ ]F

Name: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Email (required for receipt of Disclosures, Notices and Authorization) : \_\_\_\_\_

Birth Date (mm-dd-yyyy) : \_\_-\_\_-\_\_\_\_ U.S. Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Non-U.S. IDs (if any) & Issuing Country : \_\_\_\_\_

Driver's License #s (last 7 years):

Current Driver's License# : \_\_\_\_\_ Issuing State/Country : \_\_\_\_\_

Prior Driver's License# : \_\_\_\_\_ Issuing State/Country : \_\_\_\_\_

Home Addresses (for the last 7 years, list current home address first) :

- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ From-to Dates: \_\_\_\_\_
- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_ . \_\_\_\_\_ County: \_\_\_\_\_ From-to Dates: \_\_\_\_\_
- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_ . \_\_\_\_\_ County: \_\_\_\_\_ From-to Dates: \_\_\_\_\_
- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_ . \_\_\_\_\_ County: \_\_\_\_\_ From-to Dates: \_\_\_\_\_

Additional Information:

## California State Notice

### NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

BUCCANEER DEMOLITION, INC.

(The "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA", the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be A Matter of Fact, 530-346-6626, PO Box 1113 Colfax CA 95713. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1756.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

I acknowledge receipt of the NOTICE REGARDING BACKGROUND CHECKS PER  
CALIFORNIA LAW and certify that I have read and understand this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## **Consumer Report (CR) Disclosure**

### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

BUCCANEER DEMOLITION, INC may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records", verification of your education or employment history (including income), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by A Matter of Fact, PO Box 1113 Colfax CA 95713, 530-346-6626. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document.

[End of DISCLOSURE REGARDING BACKGROUND INVESTIGATION]

## **Investigative Consumer Report (ICR) Disclosure**

### **DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT**

may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, credit standing or income verification. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

If adverse action is taken resulting from information obtained, in whole or in part, from an investigative consumer report from a consumer reporting agency, you will have the option to receive a copy of the report from A Matter of Fact. A Matter of Fact can be contacted at PO Box 1113 Colfax, CA 95713 or by phone/fax at 530-346-6626/530-346-6620.

I acknowledge receipt of the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand this document.

[End of DISCLOSURE FOR INVESTIGATIVE CONSUMER Report]