



EMPLOYMENT APPLICATION

5010 Ritter Road, Suite 110, Mechanicsburg, PA 17055 :: 717.795.1863 :: harndenconstructionservices.com

Today's Date: _____ Social Security #: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Referral Source: () Advertisement () Walk-in () Employee () Relative () School () Internet () Other

Name of Person/Source of Referral: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview, and on this form, are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of race, color, religion, gender, sexual orientation, age, disability, veteran's status, or national origin. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Depending on company policy, and the needs for the position, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Have you ever previously submitted an application to, or were you previously employed by, Harnden Group, LLC or Harnden Construction Services, LLC? YES NO (circle one)

If yes, please provide date submitted/employed: _____

If previously employed by us, please provide reason for leaving: _____

AVAILABILITY

Position applying for: _____ Available Start Date: _____

Circle category you would prefer: Full-Time Part-Time Temporary

Circle your availability: Weekdays Weekends Evenings Nights Overtime

JOB-RELATED SKILLS NOTE: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have an appropriate and valid driver's license? YES NO (circle one)

Name on License: _____ DL# _____ State of Issue: _____

Have you had any moving violations? YES NO (circle one) If yes, please describe: _____

Are you able to meet the attendance requirements of this position? YES NO (circle one)

Can you perform the essential functions of the position with or without reasonable accommodation? YES NO (circle one)

List any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company: _____

SECURITY

List states and counties you have resided in other than the above: _____

Have you ever used any other names or Social Security Numbers? YES NO (circle one)

If yes, please list: _____

Have you been convicted of a crime in the past? YES NO (circle one)

Is yes, please list: _____

Incident Date _____ City/State _____ Charge: _____

Incident Date _____ City/State _____ Charge: _____

NOTE: Conviction will not necessarily bar employment.

COMMENTS: _____

EMPLOYMENT HISTORY

NOTE: Providing current/correct telephone numbers for past employers is critical. If attaching a resume, please verify that the below requested information is included on your resume.

Most Recent Employer

Are you currently working for this employer? YES NO (circle one) May we contact? YES NO (circle one)

Company Name: _____ City: _____ State: _____ Phone: _____

Dates Employed: From _____ To _____ Job Title: _____

Supervisor's Name: _____ Supervisor's E-mail: _____

Duties: _____

Wage: _____ per hour/week/month (circle one) Reason for Leaving: _____

Second Most Recent Employer

Are you currently working for this employer? YES NO (circle one) May we contact? YES NO (circle one)

Company Name: _____ City: _____ State: _____ Phone: _____

Dates Employed: From _____ To _____ Job Title: _____

Supervisor's Name: _____ Supervisor's E-mail: _____

Duties: _____

Wage: _____ per hour/week/month (circle one) Reason for Leaving: _____

Third Most Recent Employer

Are you currently working for this employer? YES NO (circle one) May we contact? YES NO (circle one)

Company Name: _____ City: _____ State: _____ Phone: _____

Dates Employed: From _____ To _____ Job Title: _____

Supervisor's Name: _____ Supervisor's E-mail: _____

Duties: _____

Wage: _____ per hour/week/month (circle one) Reason for Leaving: _____

REFERENCES *Note: Only include individuals familiar with your work ability – do not include relatives.*

Name: _____ Phone: _____ E-mail: _____

Years Known/How Known: _____

Name: _____ Phone: _____ E-mail: _____

Years Known/How Known: _____

Name: _____ Phone: _____ E-mail: _____

Years Known/How Known: _____

EDUCATION *NOTE: Do not fill out any part of this section you believe to be non-job related.*

Highest Grade Completed: 7 8 9 10 11 12 13 14 15 16 16+

If school records are under a different name, please list here: _____

High School Name: _____ Graduate: YES NO (circle one) Type of Degree: _____

High School Address (City/State): _____

College Name: _____ Graduate: YES NO (circle one) Type of Degree: _____

College Address (City/State): _____

Other: _____ Graduate: YES NO (circle one) Type of Degree: _____

Address (City/State): _____

Additional information you deem pertinent to position applying for: _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorizes from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____ Date: _____

EMPLOYEE RELEASE AUTHORIZATION

APPLICANT MUST COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my worker's compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX), photographic copy, or e-mailed document shall be valid as the original. This release is valid for most federal, state, and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company that is contacted by Harnden Construction Services, or its assigned representatives or agents, to furnish the information described in Section 1.
5. I understand that Harnden Construction Services, or its assigned representatives or agents, will use the operator record abstract(s) requested pursuant to Section 6114 of the Pennsylvania Vehicle Code, in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations for the purpose of employment only. This affidavit is in compliance with Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208).

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Harnden Construction Services and its assigned representatives or agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for, or release of, any of the above mentioned information or reports.

PLEASE PRINT YOUR FULL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

PLEASE PRINT ANY OTHER NAME(S) YOU HAVE USED:

HOME STREET ADDRESS

PO BOX

CITY

STATE

ZIP CODE

SOCIAL SECURITY NO.

DATE OF BIRTH

DRIVER'S LICENSE #

ISSUING STATE

NAME AS IT APPEARS ON LICENSE

SIGNATURE

TODAY'S DATE

AFFIRMATIVE ACTION QUESTIONNAIRE

SECTION 503 OF THE REHABILITATION ACT OF 1973

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is **not** part of your employment application and will **not** be considered in the employment/selection process. If you **choose** to provide the information, please complete the following:

Title of Position Applied For: _____

RACE (check one)

- (1) Hispanic or Latino
- (2) White
- (3) Black or African American
- (4) Native Hawaiian or other Pacific Islander
- (5) Asian
- (6) American Indian or Alaskan Native
- (7) Two or More Races

PHYSIAL CONDITION

- (1) No Handicap
- (2) Physically Handicapped (No Facility Modification)
- (3) Physically Handicapped (Facility Modification(s))
- (4) Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Handicapped (Learning Disabled)

SEX

- Male
- Female

VETERNS/US MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (08/25/64 – 05/07/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST

- Yes
- No

PERSONAL AND CONFIDENTIAL

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

COMMERCIAL DRIVER'S LICENSE INFORMATION

APPLICANT NAME: _____

DATE: _____

COMPANY POLICY:

Anyone currently holding a Commercial Driver's License (CDL), regardless of position, MUST complete a CDL Driver Qualification File upon hire.

Please check the appropriate box:

I currently have a CDL license: YES NO (circle one)

Driver's License#: _____ State: _____

Driver's License Expiration Date: _____

If you have a commercial driver's license (CDL), please check the appropriate box below:

CDL A

CDL B

If you have additional driver endorsements, please list them below:
