

JAMES S. PISCOPO G. C. INC.

P.O. Box 130, Winnisquam, NH 03289
Ph:(603) -524-2391 • Fax: (603) -524-3640
Email: piscoponicole@metrocast.net

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status or any other legally protected status.

NAME: _____ DATE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ Physical Address: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: ___/___/_____. Married ___ Single ___

SOCIAL SECURITY: _____ - _____ - _____

How did you hear about James S. Piscopo G. C., Inc. ?

___ Newspaper ___ Employee _____ Other _____

POSITION APPLIED FOR: _____ On what date are you available for work.

Have you filed an application with us before? Yes ___ No ___ If Yes, date: _____

Have you ever been employed with us before? Yes ___ No ___ If Yes, date: _____

Are you currently employed? Yes ___ No ___. If yes, may we contact your present employer? Yes ___ No ___

Are you available to work: ___ Full Time ___ Part Time ___ Seasonal

Are you currently on lay-off subject to recall? Yes ___ No ___. If Yes, Employer: _____.

Due to the nature of our business, employees are to travel to assigned job site.

Do you have reliable transportation? Yes ___ No ___. If no, please explain: _____.

Do you have a valid driver's license? Yes ___ No ___. If yes, please provide #: _____.

Issuing State: _____ Expiration: _____ Endorsement (circle all that apply): CDL-A, CDL-B, HAZMAT

Do you have a DOT Medical Card? Yes ___ No ___ If yes, expiration date: _____.

Do you have an OSHA-10Hr. Card? Yes ___ No ___.

You will be asked for a photo copy of your driver's license, DOT medical card, and OSHA-10 card. Please have it with you when you return your application or come in for an interview. If mailing or faxing your application, please attach a copy when possible.

Please List types of Heavy Equipment that you can operate: _____

EDUCATION: NAME & LOCATION OF SCHOOL NO. of Years Did you Subjects Studied

Grammar School: _____

High School: _____

College: _____

**Trade, Business or
Correspondence School:** _____

EMPLOYMENT EXPERIENCE: Please list most recent employer first.

1. EMPLOYER:	Dates Employed		JOB TITLE / POSITION / WORK PERFORMED
	From	To	
Address:			
	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
2. EMPLOYER:	Dates Employed		JOB TITLE / POSITION / WORK PERFORMED
	From	To	
Address:			
	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
3. EMPLOYER:	Dates Employed		JOB TITLE / POSITION / WORK PERFORMED
	From	To	
Address:			
	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
4. EMPLOYER:	Dates Employed		JOB TITLE / POSITION / WORK PERFORMED
	From	To	
Address:			
	Hourly Rate/Salary		
Telephone Number:			Reason for Leaving:
5. EMPLOYER:	Dates Employed		JOB TITLE / POSITION / WORK PERFORMED
	From	To	
Address:			
	Hourly Rate / Salary		
Telephone Number:			Reason for Leaving:

ADDITIONAL REFERENCES:

NAME ADDRESS PHONE# RELATIONSHIP YEARS

NAME ADDRESS PHONE# RELATIONSHIP YEARS

NAME ADDRESS PHONE# RELATIONSHIP YEARS

NAME ADDRESS PHONE# RELATIONSHIP YEARS

***** IMPORTANT QUESTIONS *****

Are You Prevented From Lawfully Becoming Employed In The U. S. ___ Yes ___ No.

Have You Been Convicted Of A Felony Or Misdemeanor Within The Last 7 Years? ___ Yes ___ No
If Yes, Please Explain: _____

Do you have any Pre Existing Health Conditions? ___ Yes ___ No. If yes, Please Explain: _____

EMPLOYEE APPLICANT’S CERTIFICATION AND AGREEMENT

(Please read carefully)

“ I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, 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 the company, I understand that no company representative, other than its president or v. president and only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature of Applicant

Date

IN CASE OF EMERGENCY

NOTIFY: _____

NAME

ADDRESS

PHONE NUMBER

APPLICANT DATA SURVEY

(VOLUNTARY)

In effort to relevant government regulations, we ask that you complete the following. Your cooperation is appreciated and your answers are not part of your application for employment.

Gender (check one): Male ___ Female ___

ETHNIC GROUP / RACE (check one): Caucasian ___ Black ___ Hispanic/Latino ___ Native American ___

Veteran Status: Vietnam Era Veteran ___ Special Disabled Veteran ___ Newly Separated Veteran ___

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