

EMPLOYMENT **APPLICATION**



- **100% Safety
Minded Companies**
- **Drug & Alcohol Testing
is Mandatory**
- **Equal Opportunity
Employers that promotes
a drug FREE Work
Environment**

Complete all 4 sections and sign.

Drug & Alcohol Testing is Mandatory

1

PLEASE PRINT / USE INK ONLY										PERSONAL DATA				
NAME (LAST)			FIRST			MIDDLE			SOCIAL SECURITY NUMBER					
PRESENT ADDRESS			STREET			CITY			STATE (ZIP CODE)			PHONE: HOME () CELL ()		
ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			EMERGENCY CONTACT:				PHONE ()				ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETING FORM I-9 AND PROVIDING DOCUMENTS ESTABLISHING IDENTITY AND WORK AUTHORIZATION.			
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			STATE ISSUED IN:		CITATIONS AND POINTS			DRIVER'S LICENSE NUMBER:						
DO YOU HAVE CURRENT PERSONAL AUTOMOBILE LIABILITY INSURANCE COVERAGE PER OHIO LAWS <input type="checkbox"/> Yes <input type="checkbox"/> No					WITH WHO:									
DO YOU HAVE A CDL LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			TYPE:		ENDORSEMENT:			WHAT TYPE OF DEPENDABLE TRANSPORTATION DO YOU OWN: TYPE & MAKE OF YOUR CAR:						
HAVE YOU EVER PLEAD GUILTY, NO CONTEST, AND/OR BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, WHEN?			WHERE? CITY: STATE: COUNTY:			NATURE & DISPOSITION OF CONVICTION:					
			<i>Indicating 'yes' will not eliminate you from employment consideration.</i>											
ARE YOU CURRENTLY PART TIME OR FULL TIME EMPLOYED ANYWHERE ELSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			PLAN TO BE:		DOING WHAT TYPE OF WORK:			CURRENT WORKSHIFT HOURS:						
TYPE OF POSITION(S) APPLYING FOR: <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Pipe Layer <input type="checkbox"/> Sewer/Water Laborer <input type="checkbox"/> Mechanic <input type="checkbox"/> Truck Driver <input type="checkbox"/> Concrete Finisher <input type="checkbox"/> Laborer <input type="checkbox"/> Fuel & Lube Person <input type="checkbox"/> Supervision <input type="checkbox"/> Management/Secretarial														
PLEASE LIST IN BRIEF THE EXPERIENCE YOU HAVE FOR THE TYPE OF POSITIONS(S) YOU ARE APPLYING:														
MEMBER OF ANY AFFILIATION TO ANY ORGANIZATIONAL LABOR? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, WHICH ONE? LOCAL & TYPE OF TRADE:				WHAT CITY/STATE?							
PLEASE PRINT / USE INK ONLY										EDUCATIONAL DATA				
	NAME & ADDRESS OF SCHOOL	DATES ATTENDED*				GRADUATED		DATE DEGREE CONFERRED	MAJOR	MINOR				
		FROM Mo	Yr	TO Mo	Yr	Yes	No							
HIGH SCHOOL		N/A		N/A					N/A	N/A				
COLLEGE/ OTHER														
GRADUATE SCHOOL														
<i>*Information required to secure records and all pertinent data from school officials.</i>														
ARE YOU PRESENTLY ENROLLED IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHERE ENROLLED?				<input type="checkbox"/> Day <input type="checkbox"/> Evening								
LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS:														
HAVE YOU USED ANY OTHER NAME OR SOCIAL SECURITY NUMBER OTHER THAN THOSE LISTED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, PLEASE LIST:														

PLEASE PRINT / USE INK ONLY				EMPLOYMENT HISTORY							
HAVE YOU EVER APPLIED FOR EMPLOYMENT TO, OR HAVE BEEN EMPLOYED BY ANY OF OUR AFFILIATED COMPANIES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give date(s) of your previous employment with the affiliated company or companies.									
CURRENTLY OR PREVIOUSLY HAVE ANY OF YOUR FAMILY MEMBERS OR RELATED INDIVIDUALS (I.E. COUSINS) AND IN-LAWS EVER BEEN EMPLOYED BY SAVKO OR OUR AFFILIATED COMPANIES DURING THE PAST 20 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list their names and affiliated companies, other than Savko they were employed.									
<i>List all present and past employment, beginning with your most recent. Please attach additional sheets if necessary.</i>											
COMPANY NAME/ADDRESS/TELEPHONE NUMBER ()			IMMEDIATE SUPERVISOR: YOUR JOB TITLE OR POSITION:								
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FROM (Mo/Yr) TO (Mo/Yr)											
DESCRIBE YOUR DUTIES											
COMPANY BENEFITS (HEALTH, DENTAL, VISION, PRESCRIPTION DRUG COVERAGES); ALSO LIST 401K, PROFIT SHARING, USE OF COMPANY VEHICLE, CELL PHONE, ETC.											
Was part or all the cost for your 'Company Benefits' deducted from your weekly paycheck?											
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Was part or all the cost for your 'Company Benefits' deducted from your weekly paycheck?											

PLEASE PRINT / USE INK ONLY **WORKERS COMPENSATION**

Do you have any current Worker's Compensation Claims pending with any previous employer at this time? Yes No

IF YES, PLEASE DESCRIBE PENDING CLAIM(S) BELOW, INCLUDE YEAR & DATE FILED:

Have you had any Worker's Compensation Claims in the past 10 years? Yes No

DESCRIBE PREVIOUS CLAIMS BELOW, INCLUDE YEAR & DATE FILED:

Have you been hospitalized in the last 24 months? Yes No

IF YES, PLEASE EXPLAIN:

PLEASE PRINT / USE INK ONLY **OTHER ACCOMPLISHMENTS: CIVIC, CHURCH, CHARITIES, HOBBIES, ENTERTAINMENT LIKES**

Over to complete section 4 and sign

(Open to complete sections ② and ③)

PLEASE PRINT / USE INK ONLY				MILITARY HISTORY	
MILITARY SERVICE STATUS		BRANCH OF SERVICE		DATES OF SERVICE	
<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN				From	To
<input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES				<input type="checkbox"/> Inactive <input type="checkbox"/> Active	
<input type="checkbox"/> ADVANCED ROTC					
DID YOU RECEIVE ANY MILITARY TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:					

PLEASE PRINT / USE INK ONLY			REFERENCES		
NAME	ADDRESS	OCCUPATION/TELEPHONE#			
1.		Occupation: Telephone #: ()			
2.		Occupation: Telephone #: ()			
3.		Occupation: Telephone #: ()			
4.		Occupation: Telephone #: ()			
5.		Occupation: Telephone #: ()			

SIGNATURE *(Please read carefully before signing)*

Applicants Authorization: I hereby voluntarily authorize Nickolas Savko & Sons and affiliated companies to obtain consumer reports about me from any consumer reporting agency and to consider the consumer reports when making decisions regarding my employment at Nickolas Savko & Sons and affiliated companies.

I understand that Nickolas Savko & Sons and affiliated companies may contact the past employers and/or personal references I have provided in order to verify my past employment and work record. I authorize all past employers, educational institutions, government agencies and/or personal references to release any all information concerning my past employment work history, performance and personal character. I hereby release all such past employers, personal references and Nickolas Savko & Sons and affiliated companies from any all liability resulting from damages I may incur in the reference verification process. I also understand that if employed by Nickolas Savko & Sons and affiliated companies, my employment is "at will" and can be terminated at any time for any reason either by myself or the Company. This agreement cannot be modified by any representative of the Company either in writing or verbally. Finally, I understand it is unlawful for Nickolas Savko & Sons and affiliated companies to employ anyone who is neither a citizen of the U.S. nor an authorized resident alien. I certify that the U.S. citizenship information I have provided the Company is authentic. Further, I certify that all information I have provided on this application is accurate.

False information or omission of facts on the application will result in the termination of my employment with Nickolas Savko & Sons and affiliated companies, Inc. regardless of when the false information or omission is discovered.

Once you are hired at Savko or affiliated companies you can not have or maintain any other employment.

TO THE BEST OF MY KNOWLEDGE I HAVE PROVIDED TRUE AND ACCURATE INFORMATION.

SIGNATURE 	DATE
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Nickolas Savko & Sons, Inc. and affiliated companies is an Equal Opportunity Employer. Nickolas Savko & Sons, Inc. and affiliated companies does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

You must sign the application to be considered for Employment.

