

# Employment Application



## Emerald Site Services, Inc.

9190 Jackson Rd  
Sacramento, CA 95826

Emerald Site Services, Inc. is an equal opportunity workplace employer that promotes safety and quality workmanship. We promote the worth and contributions of all people within our organization and thank you for taking the time to seek employment with our company.

This company is an **EQUAL OPPORTUNITY EMPLOYER**. We recruit, hire, train and promote without discrimination due to race, color, national origin, ancestry, marital status, religion, sexual orientation, age, or disability.

**INSTRUCTIONS:** Type or print clearly in Ink all information. This application must be filled out entirely and clearly to be considered. Answer ALL questions, do not leave a question blank or reference a resume. (You may attach a resume to this application). If a question does not apply, write in "N/A" not applicable. You may use additional sheets of paper, but write your name and position applied for at top of each additional page. Submissions to Emerald Site Service, Inc. will become the property of the organization and will not be returned.

**APPLICATIONS WILL ONLY BE KEPT ON FILE FOR ONE (1) YEAR MAXIMUM. YOU WILL NOT BE CONTACTED UNLESS AN INTERVIEW IS DESIRED.**

EMAIL OR FAX APPLICATIONS TO: [INFO@EMERALDSS.COM](mailto:INFO@EMERALDSS.COM) OR 916-686-1826



Complete Erosion Control

## Employment Application

We are an Equal Opportunity Employer

Date \_\_\_\_\_

### Please Print

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

\_\_\_\_\_

No. & Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Zip

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Mobile Phone

\_\_\_\_\_

E-mail

### Employment Desired

Position(s) applying for: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for our Company before?

Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for our Company?

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

How did you learn about our Company?

\_\_\_\_\_

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

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes  No

If you are applying for a position where you will drive, please answer the following question:

Do you have a valid Driver License?  Yes  No If so, Classification? \_\_\_\_\_

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

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, describe the functions that cannot be performed:

\_\_\_\_\_  
(Note: 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.)

Other than time off for reasons related to your religion, a disability, or a medical condition, are there any days or times when you are unavailable to work?  Yes  No

If yes, please list the days and times when you are unavailable \_\_\_\_\_

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ City                      State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ City                      State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	_____ Name _____ City                      State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Dates of Employment	Name & Address of Employer	Position Title and Responsibilities	Supervisor & phone number	Reason for leaving
From:  To:				Reason:  May we contact this employer? __Yes __No
From:  To:				Reason:  May we contact this employer? __Yes __No
From:  To:				Reason:  May we contact this employer? __Yes __No

Note: Attach additional page(s) if necessary.

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that all the information above is true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any falsification, material omission or misstatement of information on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.

\_\_\_\_\_  
Initials I understand that any offer of employment will be conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

\_\_\_\_\_  
Initials I hereby authorize Emerald Site Services, Inc. and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education, professional credentials, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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