SANTAMARIA CONCRETE

785 Lincoln Ave San Jose Ca 95126

Please fill out all of the sections below:

Applicant Information					
Applicant Name:					
Address:					
City, State and Zip Code:					
Telephone Number:					
Email Address:					
Date of Application:					
Employment Position Position(s) applying for: Foreman, Laborer and Irrigation Te	ch (full time)				
What days are you available for work?					
What hours or shift are you available for work?					
If needed, are you available to work overtime?					
On what date can you start working if you are hired?					
Do you have reliable transportation to and from work?					
Salary desired:					
Personal Information					
Are you 18 years of age or older?	Yes	No			
Are you a U.S. citizen or approved to work in the United Sta	tes? Yes	No			
What document can you provide as proof of citizenship or le	egal status?				
Do you have any condition which would require job accomn	nodations? Yes	No			
If ves. please describe accommodations required below.					

Have you ever been convictor	ed of a criminal offense (felon	y or misdemeanor)?	Yes No	
f yes, please state the natu	re of the crime(s), when and v	where convicted and dis	position of the case:	
The date of the offense, t	denied employment solely on he nature of the offense, in nd the surrounding circumsto however, be considered.)	cluding any significant	details that affect the	
<u>Job Skills/Qualifications</u> Please list below the skills and qualifications you possess for the position for which you are applying:				
High School Name	Location (City, State)	Year Graduated	Degree Earned	
College/University	Landing (City Class)	Varia Card ata d		
Name	Location (City, State)	Year Graduated	Degree Earned	
/ocational School/Specializ	ed Training	1		
Name	Location (City, State)	Year Graduated	Degree Earned	
Military: Are you a member of the Ar	med Services?			
Previous Employment				
Employer Name:				
Job Title: Supervisor Name:	-			
Employer Address:				
City, State and Zip Code:				

Employer Telephone: Dates Employed: Reason for leaving:				
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:				
References Please provide 2 personal and professional reference(s) below:				
Reference		Contact Information		
Additional Information: Do you have a vaild drivers license				
AT-WILL EMPLOYMENT The relationship between you and the Santamaria Landscape is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Santamaria Landscape. No representative of Santamaria Landscape has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.				
Applicant Signature:		Dated:		