

GRAZZINI BROTHERS & COMPANY

APPLICATION FOR EMPLOYMENT OFFICE EMPLOYEES

Grazzini Brothers & Company is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation of origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. Grazzini Brothers & Company is a drug-free workplace and each employee hired must pass a drug test.

PERSONAL

Last Name	First	Middle Initial	Social Security #
Email address			Home Telephone # ()
Address, City, State, Zip			Cell Phone # ()
Position Applying For	Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Voluntary: Ethnicity_____		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Skills (Hardware/Software)

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information. Please Note!! We will conduct background checks.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
OK to call?			

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Duties & Responsibilities			
OK to call?			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be available to work more than 40 hours per week?
- Will you be able to perform the essential job functions of the position for which you are applying with reasonable accommodation?

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I understand that in the event that the Company wishes to make me an offer of employment, that offer may be contingent upon my testing negative for any controlled substance(s) for which I do not have a current, valid prescription from a licensed medical doctor. I understand that I may be required to successfully complete such a drug test prior to the commencement of my employment. **Furthermore, Grazzini Brothers & Company will deduct the cost of the test from my paycheck if the results of the drug test are positive.**

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or by the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I have no issues that would cause unauthorized work stoppage during work hours.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date