



# GPI CONSTRUCTION, INC.

Employment Application

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
Date Available		Desired Salary		
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Previous 3year Residency				
(Street)	(City)	(State & Zip Code)	# Years	
(Street)	(City)	(State & Zip Code)	# Years	
(Street)	(City)	(State & Zip Code)	# Years	
LICENSE INFORMATION				
Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license" I certify that I do not have more than one motor vehicle license, the information for which is listed below.				
STATE	License #	Type	Expiration Date	
DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for past 3 Years or more (attach sheet if more space is needed)				
Dates	Nature of accident (Head-on, Rear-end, Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Traffic Convictions & Forfeitures for the Past 3 years (Other than Parking Violations)			
Date Convicted (month/Year)	Violation	State of Violation Location	Penalty (forfeited Bond, collateral &/or pints)

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )

Address

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME, CITY, STATE & ZIP

Last Employer: Name

Address	Phone
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Position Held	From:	To:
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Reasons for Leaving

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason

Second Last Employer:

Address	Phone
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Position Held	From:	To:
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Reasons for Leaving

Third Last Employer: Name

Address	Phone
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Position Held	From:	To:	Sal
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Reasons for Leaving

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason

**MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**HEALTH ISSUES**

Do you have a fear of heights (anything over 6 feet)

YES NO **TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persona from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). You understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information"

Date

Applicant's Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

## **Tool Requirements:**

Below is a list of tools required for carpenters, carpenter helpers and laborers. We expect that all employees understand and plan ahead so that needed tools are with you at the jobsites.

<b>Carpenters Tool Requirements:</b>	<b>Laborer Tool Requirements:</b>
Tool Belt	Tool Belt
Pencils	Hammer & Holster
Hammer	Tape measure
Hammer holster	Sheetrock Knife
Tape measure	Flat Bar
2' & 4' level	Assorted Screw drivers
Framing & Speed Square	Assorted Wrenches
Caulk Line	
Chisels	
Nail set	
Assorted Screw drivers	
Assorted Wrenches	
Vice grips	
	<b>Carpenters Helper Tool Requirements:</b>
Circular saw	
Battery powered drill	Tool Belt
Driver bits	Hammer & Holster
Saws all	Tape measure
Sheetrock Knife	Sheetrock Knife
Pliers	Flat Bar
Assorted clamps	Assorted Screw drivers
Putty Knife	Assorted Wrenches
5 in 1	Framing & Speed Square
Files/rasps	Battery powered drill
Chisel	Driver bits
Flat bars	
Tin snips	
Paint brushes	