

GHC Pipeline, LLC

* Underground Construction * Storm Drains * Sewers, and
Water **General Engineering License - 1074252**

Ph: 951-215-6720

EMPLOYEE APPLICATION PACKET

LAST NAME: _____

FIRST NAME: _____

DATE: _____

WE CONSIDER APPLICATION FOR ALL POSITIONS WITHOUT DISCRIMINATION BASED ON RACE, COLOR, RELIGION CREED, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

THIS IS A DRUG FREE WORK ENVIRONMENT

DRUG TEST AND PHYSICAL ARE REQUIRED BEFORE AND/OR DURING EMPLOYMENT

THANK YOU

UPDATE 06/2022

(PLEASE PRINT)

Position Applied for	Date
----------------------	------

How did you learn about us? (Please circle all that apply)

Friend Relative Walk-in Other

NAME: _____
_____ (LAST) (FIRST) (MIDDLE)

STREET ADDRESS: _____
_____ (NUMBER) (CITY) (STATE) (ZIP)

HOME PH: _____ MOBILE PH: _____

OTHER: _____ DOB: _____ Driver

License#: _____ SSN: _____ If you

are hired, can you provide required proof that you are over 18 yrs. of age? Yes No

Have you ever filed an application with us before? Yes No If yes, give date:

Have you ever been employed with us before? Yes No If yes, give date:

Are you currently employed? Yes No May we contact your present employer? Yes

No If no, when? _____

Are you authorized to work lawfully in the United States? Yes No If yes, can you

provide evidence of your legal right to work as

required by law? Yes No

On what date would you be available to

work? _____ Are you

available to work: full time part time Temporary

Emergency

Contact: _____
_____ Name Phone number Relationship

Emergency

Contact: _____

_____ Name Phone number Relationship

EDUCATION

	Name and address of school	# of Years completed	Diploma/Degree Level Earned	Did you graduate?
High school				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Speak, read and write Fluently:

English Spanish Other: _____

EMPLOYMENT

*List present and past employers beginning with the most recent. Attach additional sheets as needed.

*

Month/Year	Name & Address of Employer	Contact info/ Job title	Reason for leaving	Starting Pay Ending Pay
From				
To				
From				
To				

I certify that answers give herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

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

_____ Signature of applicant Date

THIS IS A DRUG FREE WORK ENVIRONMENT
DRUG TEST AND PHYSICAL ARE REQUIRED BEFORE AND/OR DURING EMPLOYMENT
THANK YOU