

# Application for Employment

Please Print

**G.P.'s**  
**ENTERPRISES, INC.**  
HEAVY CIVIL CONSTRUCTION  
1500 Highway 124 • Auburn, GA 30011  
P: 770-945-0810 • F: 770-271-8226  
Established 1984

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State ZIP Code  
Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source (Please check the appropriate category and list the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you is \_\_\_\_\_

☐ Home ☐ Cellular/Other

May we contact you at work? \_\_\_\_\_ Yes No

If yes, work number and best time to call:

( ) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_ Yes No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? ..... Yes No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... Yes No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? ..... Yes No

If yes, additional information may be requested. \_\_\_\_\_

Are you legally eligible for employment in this country? ..... Yes No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time

☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... Yes No

Will you travel if job requires it? ..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? ..... Yes No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_

State \_\_\_\_\_

Have you ever been bonded? ..... Yes No

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? ..... Yes No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ..... Yes No

If yes, please explain: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer		Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address		City	State
Starting job title/final job title		<b>Compensation (Starting)</b> Hourly      Salary      \$      per Commission/Bonus/Other Compensation      \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? Yes      No      Later		<b>Compensation (Final)</b> Hourly      Salary      \$      per Commission/Bonus/Other Compensation      \$
Why did you leave?		E-mail:	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

Employer		Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address		City	State
Starting job title/final job title		<b>Compensation (Starting)</b> Hourly      Salary      \$      per Commission/Bonus/Other Compensation      \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? Yes      No      Later		<b>Compensation (Final)</b> Hourly      Salary      \$      per Commission/Bonus/Other Compensation      \$
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Why did you leave?		E-mail:	
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Immediate supervisor and title (for most recent position held)	May we contact for reference? Yes      No      Later		<b>Compensation (Final)</b> Hourly      Salary      \$      per Commission/Bonus/Other Compensation      \$
Why did you leave?		E-mail:	
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing \_\_\_\_\_ Years: \_\_\_\_\_ ☐ Internet \_\_\_\_\_ Years: \_\_\_\_\_  
☐ Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Years: \_\_\_\_\_  
☐ Presentation \_\_\_\_\_ Years: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Years: \_\_\_\_\_  
☐ E-mail \_\_\_\_\_ Years: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# - -

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes ☐ No ☐ Not Applicable ☐

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you?

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



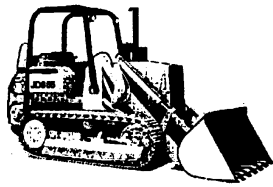
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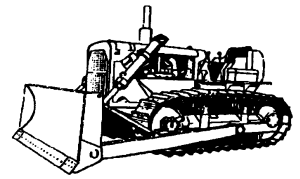
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**ENTERPRISES, INC.**  
GRADING-HAULING-CLEARING-PIPELINE  
1500 Highway 124  
Auburn, GA 30011  
Telephone: 770 945-0810      FAX: 770 271-8226



Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Re: Essential functions for field & shop personal

The position with our company you have applied for requires you to be able to perform the following duties on a regular, daily basis without limitations:

- Operate equipment
- Be able to lift 100 pounds
- Be able to climb in and on equipment
- Be able to enter and exit man holes
- Be able to climb a ladder
- Be able to stand for long periods of time
- Be able to walk the jobsite for extended distances and on uneven surfaces
- Be able to move quickly
- Be able to use handtools, shovels, sledge hammer, saws, drills, and grinders
- Be able to stoop and bend over
- Be able to withstand working in various temperatures and weather environments.

I, \_\_\_\_\_, have read the above statement and can perform the essential functions of the job, for which I am applying, either with or without a reasonable accommodation.

*\*Not applicable for office staff*

**EMPLOYMENT VERIFICATION ACKNOWLEDGEMENT AND AUTHORIZATION**  
**To be submitted with Employment Application**

I UNDERSTAND THAT IF I AM EMPLOYED BY G.P.'S ENTERPRISES, INC., THE COMPANY WILL VERIFY MY NAME AND SOCIAL SECURITY NUMBER THROUGH THE DEPARTMENT OF HOMELAND SECURITY'S E-VERIFY ELECTRONIC VERIFICATION PROGRAM (FORMERLY KNOWN AS THE BASIC PILOT PROGRAM).

I ALSO UNDERSTAND THAT IF I AM A NON-CITIZEN, MY PHOTOGRAPH WILL BE VERIFIED WITH THE DEPARTMENT OF HOMELAND SECURITY.

IF I AM EMPLOYED AND THE COMPANY LATER FINDS THAT I AM NOT AUTHORIZED TO WORK IN THE UNITED STATES, I UNDERSTAND THAT MY EMPLOYMENT WILL BE TERMINATED IMMEDIATELY AND THE COST OF MY DRUG SCREEN WILL BE DEDUCTED FROM MY PAYCHECK. I ALSO AGREE THAT I AM FOUND TO BE UNAUTHORIZED TO WORK IN THE UNITED STATES, \$100 WILL BE WITHHELD FROM MY FINAL PAYCHECK TO COVER THE COST OF ORIENTATION AND RELATED PERSONNEL MATERIALS.

---

Date

---

Signature

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

# Voluntary Affirmative Action and Veteran Status Data

## PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this form. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.**

## Applicant Information

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

☐ Male ☐ Female Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral source:

☐ Government employment agency ☐ Private employment agency ☐ Current employee  
☐ Walk-in ☐ School ☐ Relative  
☐ Other \_\_\_\_\_ ☐ Advertisement in \_\_\_\_\_

Person who referred you, if applicable \_\_\_\_\_

### Please select one of the following Equal Employment Opportunity Identification Groups:

- ☐ Hispanic or Latino ☐ White (not Hispanic or Latino) ☐ Asian (not Hispanic or Latino)  
☐ Native Hawaiian/Other Pacific Islander (not Hispanic or Latino) ☐ Black/African American (not Hispanic or Latino)  
☐ American Indian/Alaskan Native (not Hispanic or Latino) ☐ Two or more races (not Hispanic or Latino)

### Veteran Status Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign-badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active-duty wartime or campaign-badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA — the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

(continued)

If you believe you belong to any of the categories of protected veterans listed on front page, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I identify as one or more of the classifications of protected veteran listed above

☐ I am not a protected veteran

Applicant's signature \_\_\_\_\_

**APPLICANT: Only complete this section if you have received an offer of employment.**

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

☐ Disabled veteran

☐ Recently separated veteran

☐ Active-duty wartime or campaign-badge veteran

☐ Armed forces service medal veteran

OR

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Administrative Use**

**NOTE: Applicant must complete above section after a job offer has been made, but before beginning work.**

Position(s) applied for \_\_\_\_\_ ☐ Current opening ☐ No current opening

Other position(s) considered for \_\_\_\_\_

Hired? ☐ No ☐ Yes Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position hired for \_\_\_\_\_

**Position classification**

☐ Executive/senior-level officials and managers

☐ Professionals

☐ First/mid-level officials and managers

☐ Administrative support workers

☐ Service workers

☐ Operatives

☐ Craft workers

☐ Sales workers

☐ Technicians

☐ Laborers and helpers

Additional notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

**ATTORNEY  
APPROVED**