

If you would like to download, print and mail your application rather than apply online, please forward your completed application to:

Atten: Human Resources Department 7 Thurber Blvd. Smithfield, RI 02917

Please be sure to include your prior work history, union affiliation (if any) and references.

Please apply only once. If we are interested we will contact you to schedule an interview. Please do not call to request an interview or to request the status of your application.

A.G.I. CONSTRUCTION, INC. JOB APPLICATION

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS							
PLEASE COMPLETE		DATE					
Name							
	Last	First		Middle		Maiden	
Present address							
	Number	Street		State			
How long			Social	Security N	o		
Telephone ()							
If under 18, please list	age						
Position applied for _							
When available for wor	k?	_					
TYPE OF SCHOOL	NAME OF SCHO	(Complet			ER OF YEARS MPLETED	MAJOR & DEGREE	
High School			333)				
College							
Bus. or Trade School							
Professional School							

·							
ADDITIONAL TRAINING OR CERTIFICATIONS		LOCATION			DATE	RECEIVED	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT	

		AFFLICATION	DIV FIAIL F	DIMEN				
DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No								
What is your means of	transporta	tion to work?						
Driver's license number State of issue Deperator Commercial (CDL)								
Have you had any accidents during the past three years? How many? How Many? How Many?								
TRUCK DRIVERS ONLY DRIVING EXPERIENCE								
CLASS OF EQUIPMENT		E OF EQUIPMENT TANK, FLAT, ETC.)			APPROX. NO. OF MILES (TOTAL)			
STRAIGHT TRUCK								
TRACTOR AND SEMI						,		
TRACTOR- TWO TRAILER	S						-	
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 OF INJURIES/FATALITIES			AL SPILLS				
							YES	NO
							YES	NO
							YES	NO
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) DATE CONVICTED VIOLATION STATE OF VIOLATION PENALTY								
(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 even been suspended or revoked? YES NO If yes, explain								

Please list two references other tha	an relatives or previous employers.
Name	
Position	
Company	
Address	
Telephone ()	
	Telephone ()
An application form sometimes ma space below to summarize any add which you are applying.	kes it difficult for an individual to adequately summarize a complete background. Use the ditional information necessary to describe your full qualifications for the specific position for
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	
	APPLICATION FOR EMPLOYMENT
	MILITARY
HAVE YOU EVER BEEN IN THE A	RMED FORCES?
ARE YOU NOW A MEMBER OF TH	HE NATIONAL GUARD? ☐ Yes ☐ No
Specialty	Date Entered Discharge Date

Work Experience Please list your work experience for the passion of the passion o			job held.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learne company.	d, advancements or pr	omotions while you wo	rked at this			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
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		То	Final			
	Your Last Job Title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned company.	d, advancements or pro	omotions while you wor	ked at this			
(ATTACH SHEET IF N	ORE SPACE IS NEED	DED)				

May we contact your present employer?	YES		NO	
Did you complete this application yoursel	f?	YES		NO
If not, who did?				

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by AGI CONSTRUCTION, INC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of <u>AGI CONSTRUCTION, INC.</u>, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and <u>AGI CONSTRUCTION, INC.</u> may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:		

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.