



# COMPLETE SITEWORK SERVICES, LLC

118 Oakwood Drive East Dublin, GA 31027  
 Office (478) 272-9990 Fax (478) 275-3443

## Employment Application

**CSS IS A GEORGIA CERTIFIED DRUG AND ALCOHOL-FREE WORKPLACE AND YOU WILL BE TESTED**

This company is an equal opportunity employer. In compliance with provisions of all applicable State and Federal laws, every effort will be made to employ the most qualified individuals without regard to race, color, religion, sex, national origin, age, or disability. CSS reserves the right to protect all current and future employees. This application must be completed accurately and in its entirety for the applicant to be considered for employment. (Should applicants require assistance in completing this form, please notify a company representative). Misleading, inaccurate, or incomplete responses are grounds for denial or immediate termination.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for CSS? YES  NO  If yes, when? \_\_\_\_\_

Do you have a valid driver's license? YES  NO  Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Will you work overtime, weekends, holidays and any shift? YES  NO

Do you have a reliable means of getting to work? YES  NO

Do you understand that due to the nature of the service we provide, the standard of exceptional record of attendance, promptness and dependability is required of all Company employees? YES  NO

Do you understand a physical examination to determine your suitability for duty may be required for this or any position? YES  NO

Have you ever been convicted of any felony or misdemeanor, either civilian or military? YES NO

If yes,fully explain: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Experience**

Excavator	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Dozer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Off Road Dump	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Motor grader	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Truck Driver (CDL)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Mechanic/Welder/Machinist (circle)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____
Other: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years of Experience? _____

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other/Trade School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*In making this application for employment, I understand that the Company may investigate my driving history and criminal history, if any, and that an investigative consumer report may be made.*

*I authorize former and present employers, work and personal references, listed in the application, and any other individuals I may name, to give Complete Sitework Services and its designee(s) or affiliates any and all information they may have, personal or otherwise, and release such parties from all liability that may result from furnishing same to Complete Sitework Services.*

*I understand that this employment application and other Company documents are not promises of employment, and should I accept employment, I understand that my employment will be "at will" and may be terminated with or without notice at any time at my option or at the option of the Company. I understand that only a new written agreement expressly stating this to the contrary, signed by me and by the President of the Company and dated after this application can vary this employment "at will" policy.*

*I certify that the information I have provided herein is true and complete and I understand that any misrepresentations or omission of fact is a cause for rejection of 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.*

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

This application must be signed and dated to be considered.

# COMPLETE SITEWORK SERVICES, LLC

(Hereinafter the "Company")

## RELEASE FORM FOR MOTOR VEHICLE RECORDS, SSN VERIFICATION, CRIMINAL / OTHER BACKGROUND CHECKS

TO BE COMPLETED ONLY BY THE APPLICANT

**CSS IS A GEORGIA CERTIFIED DRUG AND ALCOHOL-FREE WORKPLACE AND YOU WILL BE TESTED**

Print Your Name as appears on license:

\_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**\* YOU MUST PROVIDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM \***

### **Employee Driving Record – To be completed by Applicant:**

During the 5 years preceding this application, have you:

- Had your driver's license suspended or revoked for any reason? Yes \_\_\_\_ No \_\_\_\_
- Been cited for driving a vehicle under the influence of alcohol or drugs? Yes \_\_\_\_ No \_\_\_\_
- Been in an accident where you were convicted of any serious violation? Yes \_\_\_\_ No \_\_\_\_

If yes, briefly explain: \_\_\_\_\_

- ALL CDL drivers: Date (month & year) you first acquired a CDL license: \_\_\_\_\_

### **Company Vehicle Driving Agreement:**

I agree to fulfill all my responsibilities that include, but are not limited to, the following:

- Adhere to all policies and procedures governing the operation of company vehicles.
- Pre-trip inspect, and report immediately all unsafe operating conditions of the vehicle.
- Report all accidents, incidents, or injuries to your supervisor immediately.
- Prohibit the use of any company vehicle or equipment by unauthorized persons.
- Prohibit unauthorized passengers from riding in or on company vehicles or equipment.
- Never operate company vehicles while intoxicated by ANY substance, legal or illegal.

I understand that these commitments and responsibilities are monitored and/or tested for and failure on my part to fulfill these requirements may result in loss of Company driving privileges and other disciplinary actions. I also understand that signing this form below authorizes the Company to obtain official records on me. I hereby release the Company, and iix, from all liabilities that may arise from doing so, and **I am aware my signature below does not guarantee my employment in any way. CDL Drivers: FMCSA Clearinghouse registration/clearance is also required prior to employment.**

For employment evaluation purposes, I hereby authorize any state department of motor vehicles, and local, state, or federal agencies to release to the Company, or its designee, any and all information pertaining to my driving record, my criminal and/or other background records, and the verification of my social security number. This authorization shall remain in effect for the duration of any continuous employment period I may work for the Company.

\_\_\_\_\_  
Date

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