



1800 South Alameda Street
Compton, CA 90221
PHONE: 310-668-2030 | FAX: 310-668-2040 | www.Mahaffey.com

Application for Employment

Date: _____ Position(s) applying for: _____

Driver Superintendent Operator Laborer Mechanic Welder Controller
 Estimator Project Engineer Secretary Project Manager

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City/State/Zip: _____ Driver's License #: _____ Class: _____

Home Telephone: () _____ Cell/Alt #: () _____

Email Address: _____

Do you require forms in any other language? If yes, what language? _____

How did you hear about us (list name if applicable)? _____

1. Do you have any relatives working for Mahaffey? Yes No

If yes, please give their name and relationship to you: _____

2. Have you applied to Mahaffey before? Yes No

If yes, when? _____

3. Are you legally eligible to work in the U.S.? Yes No

4. Are you over the age of 18? Yes No

5. Would you like to voluntarily disclose any convictions of a Misdemeanor, Felony, or Perjury? Yes No

(a conviction will not necessarily disqualify you). If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), date of conviction(s). Use additional sheets if necessary:

6. Do you have a court case pending? If yes, please explain: Yes No

Please fill this out and provide a copy of all relevant certifications, training cards, and/or endorsements.

Do you currently hold a HAZ-MAT Certification? Yes No If yes: Expiration Date: ___/___/___ Certificate Number: _____

Do you currently hold a Crane Certification? Yes No If yes: Certification Designations: _____ Expiration Date: ___/___/___

Certificate Number: _____

Do you currently hold a Trench & Excavation Competent Person Certification? Yes No If yes, list date acquired: ___/___/___

Do you currently hold a Welder Certification? Yes No If yes, list date acquired: ___/___/___

Do you currently hold a Rigging Certification? Yes No If yes, list date acquired: ___/___/___

Do you currently hold a Slurry Technician Certification? Yes No If yes, list date acquired: ___/___/___

Do you currently hold a Transportation Worker Identification Credential? Yes No If yes, expiration date: ___/___/___

Do you currently hold a Tank Endorsement? Yes No If yes, expiration date: ___/___/___

Have you attended Southern California Laborers Training School? Yes No If yes, expiration date: ___/___/___

Have you attended a 40-Hour OSHA Training Course? Yes No If yes, certification renewal date: ___/___/___

Any additional certifications (e.g. CPR)? Please include the expiration dates. _____

Employment History

Instructions: Begin with your most recent employer; include military service assignments, volunteer activities, and account for all periods of unemployment.

Resumes will not be accepted in place of a completed application.

Please list your salary for current/past employments and if you received stipends, please list those on the stipend line.

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

When are you available for work? _____ Salary Requirements: \$ _____

List any special training and/or activities in addition to those already indicate above: _____

<p>From: _____ To: _____ <small>Month/Day/Year Month/Day/Year</small> Name & Address of Employer: _____ _____ _____</p> <p>Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____</p>	<p>Title of Your Position: _____</p> <p>Duties: _____ _____ _____</p> <p>No. Supervised: _____ Hours Per Week: _____</p> <p>Salary: \$ _____ or Hourly: \$ _____ Stipends: \$ _____</p>
<p>From: _____ To: _____ <small>Month/Day/Year Month/Day/Year</small> Name & Address of Employer: _____ _____ _____</p> <p>Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____</p>	<p>Title of Your Position: _____</p> <p>Duties: _____ _____ _____</p> <p>No. Supervised: _____ Hours Per Week: _____</p> <p>Salary: \$ _____ or Hourly: \$ _____ Stipends: \$ _____</p>
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<p>From: _____ To: _____ <small>Month/Day/Year Month/Day/Year</small> Name & Address of Employer: _____ _____ _____</p> <p>Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____</p>	<p>Title of Your Position: _____</p> <p>Duties: _____ _____ _____</p> <p>No. Supervised: _____ Hours Per Week: _____</p> <p>Salary: \$ _____ or Hourly: \$ _____ Stipends: \$ _____</p>

Education

	Dates Attended (month/year)	Name & Location	Course of Study/Major	Diploma/Degree	GPA
High School					
College					
Graduate					
Trade School					

Professional References

(Please list 3 persons – previous supervisors, co-workers, etc (must not be related to you) – who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known	Email

Please print your name: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by FJ O (hereinafter referred to as "FJ O") that such employment with FJ O is at will, for no specified duration and may be terminated by either FJ O or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of FJ O or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of FJ O except the Chief Executive Officer has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Chief Executive Officer of FJ O.

In consideration for employment with FJ O, if employed, I agree to conform to the rules, regulations, policies and procedures of FJ O at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FJ O's business, attendance, punctuality, and safety are considered essential requirements of every job at FJ O and that poor attendance, tardiness, or unsafe behavior will result in disciplinary action.

I understand that if offered a position with FJ O, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FJ O and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

FJ O IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.