

DOH: _____
Pay rate: _____
By: _____
Office Use Only



RDJE, Inc.
679 Hwy 29 South, Suite A
Newnan, GA. 30263

PART ONE

ALL APPLICANTS, PLEASE READ THE FOLLOWING CAREFULLY.

All job applicants at this Company will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Should you begin working before test results are returned to RDJE, Inc., and the test result is confirmed positive, you will be released from the company and the amount charged for the drug test will be deducted from any due you.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by RDJE.

If the physician, official, or lab personnel has reasonable suspicion to believe that the job-applicant has tampered with the specimen, the applicant will not be considered for employment.

RDJE will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that RDJE will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other test selected by this Company.

I do hereby certify that I have received and read the RDJE, INC. Substance Abuse and Drug Testing Policy and have had the Drug-Free Workplace Program explained to me. I understand that if my performance indicates it is necessary, I will submit to a random drug test. I also understand that failure to comply with drug testing request or positive result will lead to termination of employment.

Applicant Print Name: _____ SS# _____

Applicant Signature: _____ Date _____

Applicant Phone Number: _____

For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

Have you ever been employed with us before? _____

Are you currently employed? _____

May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

Proof of citizenship or Immigration status will be required upon employment

On what date would you be available for work?

Are you available to work: ___ Full Time ___ Part Time ___ Shift Work ___ Temporary?

Are you currently on "lay-off" status and subject to recall? _____

Can you travel if a job requires it? _____

Have you been convicted of a felony within the last 7 years? _____

Conviction will not necessarily disqualify from employment

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which include race, color, religion, gender, national origin, handicap other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment of other experience.

	Elementary School					High School				Undergraduate College or University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma or Degree																	
Describe Course of Study																	
Describe any specialized Training, apprenticeship Skills and extra-curricular Activities																	
Describe any honors you Have received																	
State any additional Information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. <small>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:</small>

References

Give name, address and telephone number of three references who are not related to you and are not previous employers
1 _____
2 _____
3 _____

Have you ever had any job-related training in the United States military? ____ YES ____ NO
If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? _____ YES _____ NO

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

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that I may be required to take a drug screening or physical upon the request of my employer without notice. Should I terminate my employment within 90 days probationary period, I will be responsible for reimbursing the company for my drug test.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ YES ___ NO

Remarks _____

Employed ___ YES ___ NO Date of Employment _____

Interviewer Date

Job Title _____ Pay Rate _____ Department _____

By _____
Name and Title Date

NOTES _____

***Please explain your experience if any with the following:**

Computer Proficiency: _____

Microsoft Word _____

Microsoft Excel _____

Laser Setup: _____

Figure Grades: _____

Wet Taps: _____

Welding: _____

Horizontal Boring: _____

***Equipment Operation**

<u>Equipment</u>	<u>Years Experience</u>
-------------------------	--------------------------------

Excavator	_____
Mini	_____
30 lb.	_____
70 lb.	_____
100 lb.	_____
Dozer	_____
Loader	_____
Compactor	_____
Directional Drill	_____
Off-Road Dump Truck	_____
On-Road Dump Truck	_____

***Cards & Certifications**

Please attach copies of all cards/certifications or fax to (770) 254-1563.

	<u>Expiration Date</u>
OSHA 10 hr.	_____
OSHA 30 hr.	_____
Flagger Card	_____
Foreman Card	_____
Competent Person Card	_____
CPR Certification	_____
Confined Space	_____
NPDES (Erosion Control)	_____