

# SOUTHWEST GENERAL CONTRACTORS, INC.

## JOB APPLICATION

912 S. Andreasen Drive, # 101  
Escondido, CA 92029  
Voice 760-480-8747 Fax 760-480-8782  
**WE ARE A DRUG FREE WORKPLACE**

**TODAY'S DATE:** \_\_\_\_\_

### NAME / ADDRESS

Last:	First:	Middle:	
Physical Address:	City:	State:	Zip:
Mailing Address if different than above:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Date of Birth: (required if hired)	Social Security No: (required if hired)		
How long have you been a resident of California?			
Are you prevented from lawfully becoming employed in this country due to immigration or visa status?      YES      NO      (circle one)			

### EMERGENCY CONTACT

Name:	Relationship:	Home Phone:
Address:	Cell Phone:	

### DESIRED EMPLOYMENT

Position:	Date you can start:	Desired salary:
Are you currently employed?    YES      NO      (circle one)      May we contact your current employer:    YES      NO      (circle one)		
Have you applied with SWGC before?    YES      NO      (circle one)      When?		

### EDUCATION

	NAME and LOCATION of SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE	DEGREE or COURSE OF STUDY
High School				
College				
Trade School				
Other				

### EMPLOYMENT HISTORY provide last 4 jobs

DATES		NAME and ADDRESS of EMPLOYER	POSITION / TITLE	SALARY	REASON for LEAVING
From	To				

### US MILITARY SERVICE

Branch:	Rank:	Years of Service:	Presently in National Guard or Reserves: YES    NO (circle one)
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### PROFESSIONAL REFERENCES

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

**THANK YOU FOR YOUR INTEREST IN SOUTHWEST GENERAL CONTRACTORS, INC.**

It is our policy to promote equal employment opportunity to all qualified persons regardless of race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or veteran status.

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**PERSONAL REFERENCES**, list 2 people that you are not related to and have know for at least one year

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

### PERSONAL PHYSICAL INFORMATION

Do you have any physical disabilities that prevent you from performing the essential functions of the job for which you are applying?

### DRIVERS LICENSE INFORMATION

Do you have a valid driver's license?      YES   NO   (circle one)      Driver's License #: \_\_\_\_\_  
State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Type (mark with 'X') Operator \_\_\_\_\_ Commercial \_\_\_\_\_ Chauffer \_\_\_\_\_  
What is your means of transportation? \_\_\_\_\_ Do you have valid automobile insurance? \_\_\_\_\_

### CRIMINAL HISTORY

*SWGC works on public school properties. Pursuant to the California Education Code Section 45125.2 applicants are required to answer the following questions.*

1) Are there any felony charges pending against you?      YES      NO      (circle one)

2) Have you ever been convicted of a crime?      YES      NO      (circle one)

If yes, number of conviction(s): \_\_\_\_\_  
Nature of offenses leading to conviction(s): \_\_\_\_\_  
Date(s) of conviction(s): \_\_\_\_\_  
Approximate date offense(s) were committed: \_\_\_\_\_  
Sentence(s) imposed: \_\_\_\_\_

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### READ CAREFULLY

**To be considered for employment we require that the original, signed application be submitted in person at the office or mailed.**

All employment positions with Southwest General Contractors, Inc. (SWGCG) are considered at-will positions.

We are a drug-free workplace. If you are offered a position with the company and you refuse to take the drug/alcohol test or fail the test then the offer of employment will be revoked.

You may not start work until all the conditions listed below have been completed and approved.

An offer of employment with Southwest General Contractors, Inc. is conditioned upon the following:

- Testing negative for drugs and alcohol.
- Submitting to a pre-employment physical and being approved by our physician as able to perform essential functions of your job.
- Submitting documentation as required by the Department of Homeland Security Form I-9.
- Your stated social security number must pass verification on the Social Security Business services website.
- You must agree to abide by SWGC policies.
- If your job exposes private information you will be required to pass a background check.
- If your job requires driving company owned vehicles, of any kind, or if you plan to drive onto a SWGC jobsite, you are required to be cleared by our insurance company. We will obtain your driving records from the Department of Motor Vehicles. You are also required to possess valid automobile insurance and must present a certificate to SWGC.

I understand that by **signing this document, I am authorizing** Southwest General Contractors, Incorporated to do the following.

- To conduct the tests and checks as described above.
- To contact professional and personal references listed on this application.
- To contact my current employer unless I have checked the 'NO' box in the 'Desired Employment' section of this application.

I understand that if I am hired by SWGC that I may be terminated, at any time, for any reason, with or without cause and with or without notice, by either my option or the company's option. I also understand that the terms of my employment may be changed with or without cause, at any time by Southwest General Contractors, Inc.

I understand that if I am hired by Southwest General Contractors, Incorporated that I may be asked to submit to random drug and alcohol testing as required by the federal law, Drug-Free Workplace Act, for contractors performing publically funded work.

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

I agree that SWGC and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Your signature means that you understand each item discussed above and that you agree with each item.

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