



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

NAME (First, Middle, Last)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (Street, City, State)	ZIP CODE	PHONE (Include Area Code)	
PERMANENT ADDRESS (Street, City, State)	ZIP CODE	PHONE (Include Area Code)	
HOW WERE YOU REFERRED TO GUARDIAN CONSTRUCTION CO., INC.? (If referred by an employee, give name and relationship)			
HAVE YOU EVER BEEN EMPLOYED BY GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATES OF EMPLOYMENT AND POSITION HELD	
LIST FRIENDS OR RELATIVES WHO CURRENTLY WORK FOR GUARDIAN OR HAVE WORKED FOR GUARDIAN IN THE PAST			
ARE YOU LAWFULLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	

GOALS

TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> REGULAR <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME		
POSITION DESIRED	SALARY REQUIREMENTS	DATE AVAILABLE

EDUCATION

	NAME & ADDRESS	LIST DIPLOMA/ DEGREE/MAJOR	DATES OF ATTENDANCE	DID YOU GRADUATE?	GRADE POINT AVERAGE
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
GRADUATE SCHOOL					
TECHNICAL/BUSINESS					
NOW ATTENDING					
OTHER TRAINING, QUALIFICATIONS AND SKILLS					
PROFESSIONAL CREDENTIALS					

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO (Specify Branch)		
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORP <input type="checkbox"/> COAST GUARD <input type="checkbox"/> RESERVES/NAT'L GUARD		
DATES OF SERVICE	LAST RANK HELD	MILITARY OCCUPATION
DESCRIBE MILITARY EXPERIENCE, TRAINING, AND EDUCATION		

WORK HISTORY

FROM (Month/Year)	COMPANY OR ORGANIZATION	LOCATION	PHONE (Include Area Code)
TO (Month/Year)	JOB TITLE/POSITION	SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES (Indicate significant responsibilities, accomplishments, and contributions)			

FROM (Month/Year)	COMPANY OR ORGANIZATION	LOCATION	PHONE (Include Area Code)
TO (Month/Year)	JOB TITLE/POSITION	SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES (Indicate significant responsibilities, accomplishments, and contributions)			

FROM (Month/Year)	COMPANY OR ORGANIZATION	LOCATION	PHONE (Include Area Code)
TO (Month/Year)	JOB TITLE/POSITION	SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES (Indicate significant responsibilities, accomplishments, and contributions)			

FROM (Month/Year)	COMPANY OR ORGANIZATION	LOCATION	PHONE (Include Area Code)
TO (Month/Year)	JOB TITLE/POSITION	SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES (Indicate significant responsibilities, accomplishments, and contributions)			

**DRIVING EXPERIENCE/NON CDL - COMPLETE ONLY IF APPLYING FOR A POSITION THAT REQUIRES A VALID DRIVER'S LICENSE
(CDL drivers should complete attached driver application form, not this section)**

DRIVER'S LICENSE NUMBER	ISSUING STATE	EXPIRATION DATE	CLASS/TYPE
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EXPLAIN THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES/SPECIFY TYPE OF VEHICLES (EX: BUS, ETC.)

LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN DURING THE PAST 3 YEARS			
DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAW FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 3 YEARS	
DATE	NATURE OF VIOLATION

HAVE YOU EVER BEEN SUBJECT TO DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, STATE THE FACTS AND CIRCUMSTANCES OF SUCH DENIAL, REVOCATION, OR SUSPENSION)</i>	

REFERENCES

LIST TWO INDIVIDUALS (NOT A RELATIVE) WHO HAVE KNOWLEDGE OF YOUR OCCUPATIONAL SKILLS AND BACKGROUND

NAME	ADDRESS (Street, City, State, and ZIP Code)	
OCCUPATION	PHONE (Include Area Code)	Years known
NAME	ADDRESS (Street, City, State, and ZIP Code)	
OCCUPATION	PHONE (Include Area Code)	Years known

ADDITIONAL INFORMATION

CAN YOU PERFORM THE JOB FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify that the statements made on this application and any accompanying resume are true and correct to the best of my knowledge.

I understand that falsification, misrepresentation or omission of facts on this application, or otherwise during the hiring process, is cause for denial of employment or if employed, immediate dismissal.

I authorize Guardian Construction Co., Inc. to thoroughly investigate/verify all statements contained in this application including employment records and other matters related to my suitability for employment. I further authorize Guardian Construction Co., Inc. to contact my present or past employer(s); educational institutions; federal, state, or municipal agencies; military services; and any other entities or individuals named or otherwise referred to by me in my application and related documentation, or conversation conducted with authorized hiring personnel, in connection with my application for employment with Guardian Construction Co., Inc.

Date:

Applicant Signature:

Guardian Construction Co., Inc. is an Equal Opportunity Employer

Applications are maintained in an active file for up to one year. If you wish to be considered after one year you must reapply.

DRIVER APPLICATION FOR EMPLOYMENT

For Office Use Only:
Start Date: / /

NAME OF CARRIER Guardian Construction Co., Inc.

ADDRESS 1617 Matassino Rd. New Castle, DE 19720

STREET CITY, STATE ZIP CODE

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. _____ - -

LAST FIRST MIDDLE INITIAL

DATE OF BIRTH ____ / ____ / ____ PHONE NO. (____) _____

CURRENT ADDRESS _____

STREET CITY STATE ZIP CODE

LAST 3 YEARS

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

IN CASE OF EMERGENCY NOTIFY _____ AT PHONE NO. (____) _____

POSITION APPLYING FOR _____ PAY RATE EXPECTED _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO ____ YES ____ IF YES FROM _____ TO _____

MONTH/YEAR MONTH/YEAR

ARE YOU EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO ____ YES ____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO ____ YES ____

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____

LICENSE TYPE (i.e., CDL CLASS A) _____ CDL ENDORSEMENTS _____

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED OR SUSPENDED? NO ____ YES ____

IF YES, EXPLAIN REASON _____

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO ____ YES ____

IF YES, EXPLAIN REASON _____

I CERTIFY THAT I **DO NOT** HAVE MORE THAN ONE DRIVER'S LICENSE _____

Applicant's Signature

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO ____ YES ____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER/TANK		
STRAIGHT TRUCK		
OTHER (SPECIFY)		

ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all US. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

LAST EMPLOYER:

NAME _____ PHONE (____) _____
Area Code

ADDRESS _____
STREET CITY STATE ZIP CODE

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ____ NO ____ DID YOU OPERATE A CDL VEHICLE? YES ____ NO ____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ____ NO ____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES ____ NO ____

2ND LAST EMPLOYER

NAME _____ PHONE (____) _____

ADDRESS _____
STREET CITY STATE ZIP CODE

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ____ NO ____ DID YOU OPERATE A CDL VEHICLE? YES ____ NO ____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ____ NO ____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES ____ NO ____

3RD LAST EMPLOYER

NAME _____ PHONE (____) _____
Area Code

ADDRESS _____
STREET CITY STATE ZIP CODE

SUPERVISOR'S NAME _____

FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES ____ NO ____ DID YOU OPERATE A CDL VEHICLE? YES ____ NO ____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES ____ NO ____

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES ____ NO ____

NOTICE TO APPLICANT

If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE OF HIRE



APPLICANT POLICY INFORMATION

Applicants who are offered a position with Guardian are required to pass a background check, drug screening, and a physical examination under the following arrangements.

COST

Drug Screening	\$47.00
Physical	\$100.00
Background Check	<u>\$30.00</u>
Total	\$177.00

This drug screening, background check, and the physical will be scheduled after a job offer is tendered and there must be satisfactory completion prior to any job performance; this includes a negative drug screening, background check clearance, and certification by the examining physician that you are physically qualified to perform the work for which you were hired.

Guardian will make the payment for the above. However, you are responsible for reimbursement to the Company for this cost during your first four weeks of employment in four equal payments of \$44.25, which will be authorized by you and withheld from your pay for four consecutive weeks.

At the satisfactory completion of the Probationary Period, the Company will reimburse the employee the cost of the physical exam, and the background check, which totals \$130.00. **The drug screening will not be reimbursed.**

This arrangement is a condition of employment. If you have any questions, please contact the Human Resources Department.

Thank you for considering Guardian as a place of employment.

Applicant _____
Print Name

Applicant _____ Date _____
Signature

1617 Matassino Road New Castle, DE 19720 P: 302-834-1000 F: 302-526-4578



BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize *Guardian Company* and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Company.

I release *Guardian Company* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How Long?

City/State

Zip Code

Former Address

How Long?

City/State

Zip Code

Date of Birth

Social Security Number

Driver's License Number

State of License

Signature

Date

**NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Guardian Company is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap or national origin.*

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