

APPLICATION FOR EMPLOYMENT

R.L. Galloway Surveying

**17226 Commerce Lane
Smithfield, Va. 23430**

(For office Use Only)

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)	SSN:	DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY () EVENING ()	EMAIL ADDRESS	REFERRED BY	
POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?

AVAILABILITY FOR WORK

TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:	

PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT) IF YES, PROVIDE DETAILS:

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate “see resume”.

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

WORK REFERENCES: Please provide a minimum of three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

PERSONAL REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

Emergency Contact: _____ **Phone:** _____

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to R.L. Galloway Surveying and its representative concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless R.L. Galloway Surveying, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that any employment agreement to the contrary must be in writing and approved by a company officer. If employed, I agree to comply with all rules of the company as a condition of continued employment.

DATE _____

SIGNATURE OF APPLICANT _____

Medical history

ANSWER ALL QUESTIONS COMPLETELY AND EXPLAIN ALL "YES" ANSWERS

1. Do you have any condition which requires a special work assignment:
Yes: _____ No: _____
2. Have you ever had medical restrictions placed on your work or other
Physical activities such as sports? Yes: _____ No: _____
3. Have you ever filed a worker's compensation claim?
4. Do you have allergies?
5. List any allergies to medications:
6. Date of last tetanus immunization:
7. Do you regularly take any type of medication?
List: _____
8. Do you have any type of chronic illness (diabetes, epilepsy, asthma, etc.)?
Yes: _____ No: _____
9. Do you have or have you ever had any of the following? Explain "YES" answers.

<u>Description</u>	YES	NO	EXPLANATION
Chest pain/heart problems	_____	_____	_____
Back pain/injury	_____	_____	_____
Neck pain/injury	_____	_____	_____
Joint pain/injury	_____	_____	_____
Foot pain/injury	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Wrist	_____	_____	_____
Hip	_____	_____	_____
Elbow	_____	_____	_____
Fainting spells	_____	_____	_____
Headaches	_____	_____	_____
Other	_____	_____	_____

10. Additional comments: _____

Please read carefully and sign.
To the best of my knowledge, the information on this form is correct. I understand that false statements on this Medical form may cause immediate dismissal.

Signature of Applicant

Date