

431 Payran Street Petaluma, CA 94952 PH: 707-283-0093 FX: 707-283-0157

Application Form- Utility Worker

Please Print:					
Date	Last Name		First Name		Middle Initial
Present Ad	dress:				
No & Street	t		City		State, Zip
Permanent	Address (if differe	nt from above):			
No & Street	t		City		State, Zip
Business Ph	none	Home Phone		Cell Phone	
Employmer	nt Desired:				
Position Ap	plying For:				
Are you app	olying for: Regular	Full time 🔲 🛛 Re	gular Part Time	Temp	oorary Work 🗌
What days a If applying f	and hours are you for temporary worl	available to work?_ < during what days a	are you availabl	e?	
=	ailable for work on be available to wo	weekends? rk overtime if neede	□Yes ed? □Yes	□ No □ No	
f hired, on	what date can you	start work?			
Name:	nember of any unic		Yes	□ No	
Wage desir					
Drivers lice	nse: #	State Class	A 🗌 🛛 B 🗌	C 🗌 Expire	Date



Personal Information:

Have you ever applied to or w	orked for Oak Grove Construction before? If yes, when?		
Do you have any friends or rel	atives working for Oak Grove Construction? If yes, state name and relationship		
Name	_ Relationship		
Name	_ Relationship		
Why are you applying for work	with Oak Grove Construction?		
If hired, would you have a relia	able means of transportation to and from work? Yes No		
	(if under 18, hire is subject to verification that you are of minimum legal] No		
If hired, can you present evide this country?	nce of your U.S. citizenship or proof of your legal right to live and work in		
Do you speak, write or unders If Yes, which languages?	tand any foreign language? 🛛 Yes 🗌 No		
List any other experience, train work at Oak Grove Construction	ning, qualifications or skills you feel you may be especially suited for to on?		
Are you able to perform the eswithout reasonable accommo	ssential functions of the job for which you are applying, either with or dation?		
If no, describe the functions th	at cannot be performed?		
	onsider reasonable accommodation measures that may be necessary for eligible ential functions. Hire is subject to passing a medical exam, drug and agility test.		
Have you ever been convicted of a criminal offense (felony or serious misdemeanor?) (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes No If yes, state the nature of the crime(s), when and where convicted and disposition of the case.			

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstance and the relevance of the offense to the position(s) applied for may, however, be considered.)



Education, Training and Experience:

High		Did you	List Degree or Diploma
School	Name	Graduate?	
	Address	Yes No	# of years completed
	City State, Zip	_	
College/		Did you	List Degree or Diploma
Univ.	Name	Graduate?	
	Address		# of years completed
	City State, Zip	_	
Vocation	al	Did you	List Degree or Diploma
/Business Name		Graduate?	
	Address	Yes No	# of years completed
	City State, Zip	_	
Date of	currently Haz Mat trained? original certification: vas your last 8 hour refresher:	Yes No	
By who	m: Certifica	tion#	
-	ation Dates: CPR First Aid	Yes No	
-	bu had "competent person" training? training:	Yes No	
-	bu had "confined space" training? training:	Yes No	
Military	Service		

Have you obtained any special skills or abilities as the result of service in the military? Yes If so, describe:



Employment History

List all present and past employers with in the last 3 years starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching resume.

Name of Employer			Telephone#
Type of business			Your Supervisors Name
Weekly Pay:	From: Starting:	_Ending:	
Your position and dutie	s:		
Reason for leaving:			
May we contact this en	nployer for a reference?	Yes	No No
Name of Employer			Telephone#
Type of business			Your Supervisors Name
Weekly Pay:	From: Starting: s:	_Ending:	
May we contact this en	ployer for a reference?	Yes	No
Name of Employer			Telephone#
Type of business			Your Supervisors Name
Weekly Pay:	From: Starting: s:		City/State/Zip
Reason for leaving:			
May we contact this em	ployer for a reference?	Yes	No



References:

List three persons not related to you who have knowledge of your work performance within the last three years:

First Name Last Name			Telephone #	
Address & Street		City	State/Zip	
Occupation			No. of years acquainted	
First Name Last Name			Telephone #	
Address & Street Cit		City	State/Zip	
Occupation			No. of years acquainted	
First Name Last Name		Telephone #		
Address & Street		City	State/Zip	
Occupation			No. of years acquainted	

Please read carefully, initial each paragraph and sign below.

	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize Oak Grove Construction to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations.
	I understand that nothing contained in the application, or conveyed during an interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may at any time, with or without prior notice, at the option of myself or the company, and that no promises or representations contrary to the foregoing are binding on the company investigations.
	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Oak Grove Construction, I am entitled to copies of any such public records obtained by Oak Grove Construction unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
	I waive receipt of a copy of any public record described in the paragraph above.
Date	Applicant's Signature

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Classification Skills for a Utility Worker

Are you qualified to do the following? Place the quantity of years of experience next to all that apply.

- _____ Pick and shovel work
- _____ Place and grade base rock
- _____ Rake base rock
- _____ Install AC berm
- _____ Run a vibrator plate
- _____ Run a skip and drag
- _____ Run a roller
- _____ Run a jackhammer or pavement breaker
- _____ Lay concrete pipe
- _____ Lay PVC pipe
- _____ Grade utilizing a laser
- _____ Pour manholes
- _____ Work with trench jacks
- _____ Operate a stihl type gas powered cutoff saw
- _____ Operate a walk behind gas powered concrete or AC saw
- _____ Set up a laser for grading purposes
- Yes / No Have you operated a chainsaw or chipping machine?
- Yes / No Have you ever flagged for traffic?
- Yes / No Have you had official training for flagging traffic? If yes, completion date_____ and training facility and number