

To New Employee

Please be sure to fully complete the application for employment with Neil Contractor, Inc.

- Attached are the metropolitan area state/local tax forms, i.e., DC, Maryland and Virginia. Complete **ONLY** the state in which you live.
- Two (2) forms of Identification are required: Driver's License and Social Security Card.
- Immigrants with green card, work permit or citizenship by naturalization, you are required to provide a copy of the document in which is applicable to you.
- Neil Contractor, Inc. provides services to various government agencies within the Metropolitan area. Based on the workflow, you may be routed to other job-sites. Some of the job-sites require that you obtain Government Clearance to work. Please inform Neil Tuff at (240) 304-6449 should you have any concerns.
- The application should be returned to your supervisor immediately upon completion, so that we can process you into the payroll system.

Welcome Aboard!

NEIL CONTRACTOR, INC.

APPLICATION FOR EMPLOYMENT

Date Started: _____
Title: _____
Pay Rate: _____
Starting Jobsite: _____
Drug Test #: _____

PERSONAL INFORMATION

DATE OF BIRTH ____ / ____ / ____

NAME _____ Phone Number _____

ADDRESS _____

Notify in Case of Emergency _____
(Name) (Relationship) (Phone Number)

Have you ever been fired from a job for reasons other than lack of work within the last five years? _____

If yes, explain: _____

Are you over the age of 18? _____ Are you legally eligible for employment in the U.S.? _____

Do you have a driver's license? _____ If no, please explain _____

Have you had any moving violations in the past three years? _____ If yes, please explain: _____

EMPLOYMENT INFORMATION

Position Desired: _____ Date Available: _____

How did you learn about this position? _____

Are you presently employed? _____ Name of Company: _____

Have you ever applied to Neil Contractor, Inc. before? Yes ___ No ___ Where? _____ When? _____

Have you ever worked for Neil Contractor, Inc. before? Yes ___ No ___ If yes, last position held: _____

Date last worked for Neil Contractor, Inc. _____ Why did you leave? _____

EMPLOYMENT HISTORY: List below the last three employers, starting with your most recent. Please include non-paid/voluntary experience related to the position for which you are applying.

1. Position _____	Supervisor _____
Employer _____	Phone Number _____
2. Position _____	Supervisor _____
Employer _____	Phone Number _____
3. Position _____	Supervisor _____
Employer _____	Phone Number _____

EDUCATION HISTORY

NAME OF SCHOOL/ADDRESS	DATE(S)	DEGREE EARNED	MAJOR
High School			
Trade or Business School			
College			

References (List three persons not related to you whom you have known for at least one year.)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

FOR FIELD POSITIONS ONLY

Do you have any physical or mental condition that may limit your ability to operate motorized equipment and/or power tools, climb several flights of stairs or ladders uninterrupted, hear safety horns and signals, work at heights (including fear of heights), lift 70 pounds, lift any weight repetitively, work 40 to 60 hours per week, or do other activities required in construction work"?
 Yes ___ No ___ If yes, state any accommodation that would enable you to perform the job applied for properly, safely and healthful.

I authorize **Neil Contractor, Inc.** to thoroughly investigate all statements contained in this application, as well as my background, references, employment record and other matters related to my suitability for employment. I further authorize **Neil Contractor, Inc.** to contact my present or past employer(s). I understand that misrepresentation or omission of facts called for is cause for dismissal. I further understand and agree that nothing contained in my application or conveyed during an interview which may be granted is intended to create an employment contract, and that my employment is for no definite period and may be terminated at any time without any previous notice.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY

HIRE:	NO HIRE:	HOLD:
	REASON:	

Representative Signature: _____

Date: _____

Neil Contractor, Inc is an equal opportunity employer. All hiring and employment decisions are made without regard to a person's race, sex, religion, national origin, disability, or veteran status. As part of our affirmative action requirements as a federal contractor, we are obligated to provide the Government with important statistical information. Provision of this information by you, however, is strictly voluntary and will not subject you to adverse treatment. This data will be kept confidential.

Sex: ___ Race: _____

Vietnam-Era Veteran: Yes ___ No ___

Disabled Veteran: Yes ___ No ___

Individual with a Disability: Yes ___ No ___

EQUAL OPPORTUNITY EMPLOYER

VEHICLE OPERATION

If you are applying for a position which requires operation of a vehicle, you must complete the following information. The Department of Transportation requires every prospective vehicle operator's driving record be checked through Motor Vehicles.

DRIVING EXPERIENCE

Driver's License # _____ State _____

License Type _____ Class _____ Expires _____

Restrictions? _____

Have you ever held a driver's license in another State? Yes ___ No ___ If "yes", in what state(s) _____

Have you ever had your driver's license revoked or suspended? Yes ___ No ___ If "yes", where, when and under what circumstances? _____

Do you have any points against your license? Yes ___ No ___ If "yes", how many points? _____ For what violations? _____

List any convictions for drunk or reckless driving. _____

List any vehicle accidents within the last 7 years. _____

List the type of vehicles which you have operated. _____

SIGNATURE

_____ Date

_____ Signature

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until . . . / / (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name Address (Street Name and Number, City, State, Zip Code) Cal Poly State University, San Luis Obispo San Luis Obispo, California 93407		Date (month/day/year)

Section 3. UPDATING AND REVERIFICATION. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. * INS Forms <u>N-560</u> and <u>N-561</u> are no longer accepted. *See footnote* 3. * INS Forms <u>N-550</u> and <u>N-570</u> are no longer accepted. *See footnote* 4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form I-551) * INS Form <u>I-151</u> is no longer accepted. *See footnote* 6. Unexpired Temporary Resident Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. * INS Form <u>I-327</u> (Unexpired Reentry Permit) is no longer accepted. *See footnote* 9. * INS Form <u>I-571</u> (Refugee Travel Document) is no longer accepted. *See footnote* 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B) or (INS Form I-766) * INS Form <u>I-766</u> has been added to the list of acceptable documents. *See footnote* 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. 3. School ID card with a photograph 4. Voter's registration card 5. U.S. military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card. 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal. 4. Native American tribal document 5. U.S. Citizen ID card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
<p>* Changes to this 1991 form were effective on March 1, 2002. See http://www.bcis.gov/graphics/formsfee/forms/i-9.htm for any additional changes pending issuance of a revised Form I-9 by the BCIS.</p>			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)