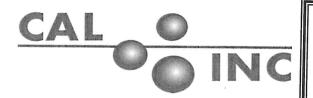
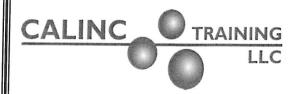
Date received	Time received	D
Date 10001104	Time received	Received by



1979-2019
40
YEARS OF EXCELLENCE



## **Application for Employment**

**General Construction, Abatement & Training Services** 

CAL INC & CALINC TRAINING are Equal Opportunity Employers, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.

CAL INC & CALINC TRAINING are Drug Free Environments.

## **GENERAL INFORMATION**

Name (Last)	(First)	(1)	/liddle Initial)	Social Security N	umber:		
Physical Address (Street)		(City)		(State)	(Zip)		
Mailing Address		(City)		(State)	(Zip)		
Home Phone Number			Cell Phone No	ımber			* ***
Physical Address	Y, Notify		I agree to a	ore-employment	drug test.	Yes	No
Phone							
Are you 18 years of age or			1			Yes	No
(CAL INC/CALINC TRAINING a	re required to comply with federal	, state, or provin	cial law)				
Are you legally eligible to work in the U.S.?						No	
(All new hires will be required to provide proof of eligibility to work in the U.S.)							
Have you been convicted or If Yes, list convictions that are	of a crime in the last seven (7) ye e a matter of public record (arrests	ears? Yes are not conviction	No ns). A conviction	will not necessarily	disqualify yo	u for employm	ent
If yes, explain:						-	
<b>Employment Desired</b>							
Position Or Type of Employ	ment Desired			Will Accept:		Shift	
Have you ever worked for	CAL INC Or CALINC TRAINING?	,	es 🗆 No	☐ Part-Time		□ Day	
If yes, what position?				☐ Full-Time		☐ Swing	
				☐ Temporary		☐ Graveyard	
	e essential functions of the job y ut reasonable accommodation?	/ou are	es 🗆 No			☐ Rotating	
lourly Rate Desired Date Availab				3			

High School Gradu If no, list the highest			n (GEI	D) Test Pass	ed?	□Y	es 🗆 No		
College, Busin	ess So	chool, Milita	ry (N	Most rece	ent f	irst)			1
Name and Location		Dates	Credits Earned			l			
		Attended Month/Year	Se	Quarterly or Semester Hours		Other (Specify)	Graduate	Degree & Year	Major or Subject
		From:					□Yes		
		То:					□ No		
		From:					□Yes		
		То:					□ No		
		From:					□Yes		
		То:					□ No		
DUCATION AN	ID TRA	AINING CON	TINU	JED (This in	forma	tion will	not disqualify you	for employment)	
CERTIFICATIONS: Ir YOU MUST PROVIE	ndicate v DE PHOT	which certificatio	ns you	u currently l	have TTHE	TIME O	F APPLICATION		
AHERA Asbestos	Type:			Yes		lo	Date of Certification		
			-	Yes		No l			
CDPH Lead Type:							Date of Certification		
Asbestos Medical Release				Yes	N	lo	Date of Report		
Lead Blood Level Analysis				Yes	N			Date of Report	
Are you a member o	of a Unic	on?	☐ Ye	s 🗆 No			If yes, which Ur	ion?	
Do you have a curre	nt and v	alid Driver's Lice	nse?	(Required fo	or				
ield Superintender	nts and I	up)	□ Ye	☐ Yes ☐ No Current Driver's License number(State)					e) (Number)
ETERAN INFOR	RMATI	ON (Most re	cent	t)			-0%	Jotate	e) (Number)
Branch of Service		·		•	Da	te of Er	ntry		Date of Discharge
PECIAL SKILLS (	List all j	ob related mach	ines a	nd equipme	ent th	at you c	an operate)		
		55455V	2						a.
FEICE SKILLS ":	ct all ich	rolated delle				Man ==			
TICL SIXILLS (LI	at all JOE	related Skills yo	ou pos	ssess such a	2 briu	ring or 6	grapnics, 10 Key,	types of software	and hardware etc.)

## **WORK EXPERIENCE**

List below current and last two employers, starting with most recent first. Please include any non-paid/voluntary work and military experience)

☐ See Resur	me for Work Histo	ry				
Date (M/D/						
From	Current Employer business)	r (Name and Address of Employer – Type of	Position	Reason For Leaving		
То						
Duties Perfo	ormed					
Supervisor's	Name	Phor	ne Number		May We Conta	
					☐ Yes ☐ No	
Date (M/D/						
From	rast Employer (Na	me and Address of Employer – Type of business)	Position	Reason For Leaving		
То						
Duties Perfo	rmed					
Supervisor's	Name	Phon	e Number		May We Conta	
					☐ Yes ☐ No	
Date (M/D/Y		The second secon				
From	Past Employer (Na	me and Address of Employer – Type of business)	Position	Reason For Leaving		
То						
Duties Perfo	rmed					
Supervisor's	Name	Phone	Number		May We Contac	
			*		☐ Yes ☐ No	
EFERENCI	ES (Please list the	names of three professional reference	es, whom you have know	n at least one year.)		
1		*		Years Acqu	ainted	
	lame	Address & Phone Number	ess & Phone Number			
Name Add		Address & Filotie Nulliber	Business	This Pers	This Person?	
1						
2						
3		,				
nployment re d previous e d/or previou srepresentat at I may be r at filling out t	orize CAL INC/Cocord and other memployers and orges employment ancion or omission of equired to sign a this form does not	E READ THE FOLLOWING STATE ERSTANDING AND ACCEPTANCE ALINC TRAINING to thoroughly investigates related to my suitability for emplanizations contacted by CAL INC /CAL of I release all persons, schools, employ facts may result in rejection of this approprietary obligation agreement, should be indicate there is a position open and calling are at will employers and as su	E BY SIGNING IN THE estigate my background loyment. I authorize person INC TRAINING to provide ters of any and all claims for plication, or if hired, discipuld I become an employedoes not obligate CAL INC	space provided  , aforementioned reference ons, schools, my current emple any relevant information reg or providing such information pline up to and including disn ee of CAL INC or CALINC TRAIN //CALINC TRAINING to hire me	oyer (if applicable garding my current I. I understand the hissal. I understan	
te		s	ignature			
μ <b>&gt;</b>				F ARF AN FOLIAL OPPOPTI		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE