



APPLICATION FOR EMPLOYMENT

Date: _____

NAME _____ PHONE # _____

ADDRESS _____

VALID CA DRIVER'S LIC # _____

EMAIL: _____

POSITION DESIRED _____ DATE AVAIL. TO WORK _____

SALARY DESIRED _____ HAVE YOU EVER WORKED FOR IVC _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

ADDRESS _____ RELATIONSHIP _____

DO YOU SMOKE - YES OR NO

LIST ALL PREVIOUS EMPLOYMENT STARTING WITH YOUR LAST ONE. ALL FORMER EMPLOYMENT WILL BE VERIFIED.

COMPANY NAME _____ ADDRESS _____

SUPERVISOR _____ PHONE # _____ SALARY _____

POSITION HELD _____ DATE EMPLOYED _____ THRU _____

REASON FOR LEAVING _____

COMPANY NAME _____ ADDRESS _____

SUPERVISOR _____ PHONE # _____ SALARY _____

POSITION HELD _____ DATE EMPLOYED _____ THRU _____

REASON FOR LEAVING _____

COMPANY NAME _____ ADDRESS _____

SUPERVISOR _____ PHONE # _____ SALARY _____

POSITION HELD _____ DATE EMPLOYED _____ THRU _____

REASON FOR LEAVING _____

LIST ANY SKILLS/CERTIFICATES YOU MAY HAVE _____
YEARS EXPERIENCE _____

HIGH SCHOOL _____ CITY/STATE _____ GRADUATE _____

TRADE SCHOOL/COLLEGE _____ CITY/STATE _____

CERTIFICATE/DEGREE _____

I VERIFY THE ABOVE INFORMATION IS TRUE:

APPLICANTS SIGNATURE _____

OFFICE USE ONLY: AP 1 2 3 4 AT 1 2 3 4
HD _____ PH _____ BY _____



Inland Valley Construction Company Inc.

18382 Slover Ave
Bloomington CA 92316
909 875-2112

General Engineering Contractors

DMV Authorization

I am aware that motor vehicle reports may be obtained as part of evaluation of my job application and/or employment. The reports may be produced at the discretion of **Inland Valley Construction Co. Inc.** including its insurance company representative(s) and may include my personal information obtained from state motor vehicle departments, my driving record, as an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for **Inland Valley Construction Co. Inc.** and their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Signature of Applicant/Employee

Date

Name as it appears on California Driver's License

Driver's License Number/State of Issuance

_____/_____/_____
Date of Birth

Zip Code