

Application for Employment (Answer all questions – please print)

Position(s) Applied for	Referral Source:		
Qualified applicants are considered regard to race, color, creed, gend domestic partner status, medical of	tunity employer and makes employment for employment, and employees are ler, religion, national origin or ances condition including genetic characteristic deration made unlawful by federal, sta	treated during employ try, age, marital stat stics, physical or me	ment, without us, registered
disability, SCI will make reasonable otherwise qualified individual with a would result. Any applicant or emp	nsuring equal employment opportuni le accommodations for the known pla disability who is an applicant or an ployee who requires an accommodation during the intestick an accommodation during the intestick.	hysical or mental lim employee, unless un on in order to perform	itations of an ndue hardship
	te equal employment opportunity recorons below. All answers must be printe considering your application.		
Date	_		
NameLAST			
LAST	FIRST	MIDDLE	
AddressSTREET	CITY	STATE	ZIP
			ZIP
E-mail address			
Are you at least 18 years of age?	Driver's License Number		
Are you currently employed? Yes 🔲 1	No May we contact your present emp	loyer? Yes 🗌 No 🔲	
If hired, can you present evidence of your Yes No	r U.S. citizenship or proof of your legal rig	ght to live and work in the	nis country?
Date available for work:	What is your desired salary range?		
Are you willing to work any shift, include	ing nights and weekends? Yes No		
Have you filed an application or been em	ployed by this Company before? Yes] No	
Do you have friends or relatives who wor If Yes, List Name(s)	rk here? Yes No		
Give name, address and phone number of	f three references not related to you		

Employment Experience

Former Employers - List below the last three employers, starting with the most current one first. Additional information may be listed on a separate page(s) if necessary.

PRESENT OR MOST RECENT EMPLOYER

Name of Company	Telephone							
Street Address		City	State	Zip Code				
Dates Employed: From	_ To							
Name & Title of Supervisor								
Your Title/Position								
Duties								
Supervisory Responsibility: Yes	s 🗌 No 🗌	If yes, number supervised						
May we contact this employer: Yes	s 🗌 No 🗌							
Reason for Leaving								
	PREV	VIOUS EMPLOYER						
Name of Company		Telephone						
Street Address		City	State	Zip Code				
Dates Employed: From	_ To							
Name & Title of Supervisor								
Your Title/Position								
Duties								
Supervisory Responsibility: Yes	s 🗌 No 🗌	If yes, number supervised						
May we contact this employer: Yes	No 🗌							
Reason for Leaving								

PREVIOUS EMPLOYER

Name of Compa	f Company Telephone											
Street Address						City			State	Z	Zip Code	
Dates Employee	i: From _			То								
Name & Title o	f Supervisor	•										
Your Title/Posi	tion											
Duties												
Supervisory Re	sponsibility:	Y	es [No □	If yes.	, number	supei	vised				
May we contact			es _	No 🗌	-		•					
Reason for Leav	ving											
	C											
ducation												
ducation												
	High School		Colleg	College/University			Graduat	Graduate/Professional				
thool Name												
ears Completed:	9 1	0 1	11	12	1	2	3	4	1	2	3	4
iploma/Degree												
escribe Course f Study:												
ve you ever been s	uspended n	laced o	n nrol	hation ask	red to resi	ion disch	aroed	or termin	ated?			
e jou ever seems	aspenaea, p											
es, explain:									Yes	No	ı	
es, explain:												
es, explain:	other than Er	ıglish, c	can yo	ou convers					ent?		_	
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Applicant's Certification & Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal regardless of when discovered. I understand that Soiland Co., Inc.'s hiring process may include verification of employment. I hereby authorize my former employers to release information to Soiland Co., Inc.

I understand that, if hired, I will be required to submit documents as proof of the legal right to work in the United States.

I understand I am required, in the event of my employment, to conform to the rules and regulations of Soiland Co., Inc..

I understand that, if hired, my employment with Soiland Co., Inc. is at-will. That means that either I or the Company may end the employment relationship at any time, with or without cause or prior notice. No manager, supervisor or employee of the Company has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will.

Nothing in this application is intended to create an employment agreement. I understand that should I be hired, all of the provisions contained in this application for employment will be part of the employment arrangement between Soiland Co., Inc. and me and are binding on me.

I understand that Soiland Co., Inc. uses mandatory arbitration to resolve differences between employees and the company. Arbitration is the final and binding settlement of disputes between parties by a method voluntarily agreed to by the parties themselves. I understand that I will be required to sign an Arbitration Agreement as part of my employment with SCI.

I understand that upon offer of employment I must provide a valid Drivers' License with an Authorization for Release of Driver Record Information. I also understand that I must pass a pre-employment physical, which will include drug and alcohol testing. I must also pass a background check for civil, criminal and DMV if it is necessary for the position. For employment positions that involve handling money, I will be subject to a credit check.

I understand that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment, within legal restrictions. I hereby authorize the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

Date	Applicant's Signature	

Stony Point Rock Quarry 7171 Stony Point Road COTATI - (707) 795-1775 Soils Plus 4343 Stage Gulch Road SONOMA - (707) 996-3400 **Grab N' Grow** 2759 Llano Road SANTA ROSA - (707) 575-7275