

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 No If yes, number supervised _____

May we contact this employer: Yes No

Reason for Leaving

PREVIOUS 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 No If yes, number supervised _____

May we contact this employer: Yes No

Reason for Leaving

PREVIOUS 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 No If yes, number supervised _____

May we contact this employer: Yes No

 Reason for Leaving

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study:			

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? _____

If yes, explain: _____

In what languages, other than English, can you converse? _____ Yes No
Fluent? _____
Fluent? _____

List any other skills or information you think may be of value to the company:

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