

PERSONAL INFORMATION:

GENERAL ENGINEERING CONTRACTOR

CSLB License # 874552, A & B, Haz-Mat SBA 8(a) Graduate, HUBZone DOT - UDBE

CALIFORNIA HEADQUARTERS:

Mailing: PO Box 492247, Redding, CA 96049 2437 Radio Lane, Redding, CA 96001 Phone (530) 222-2229 Fax (530) 222-3337

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The Solution To Your General Engineering Needs

EMPLOYMENT APPLICATION

First Name Middle Name Last Name Date of Birth: Street Address City, State, Zip Code Phone Number () Are you eligible to work in the United States? Yes_____No____ Are you at least 18 years of age? Yes_____No _____No Are you able to move and lift 50lbs? Yes_____No____No Have you been convicted of a felony? Yes_____No____ If yes, please explain: POSITION/AVAILABILITY: Position Applied For _____ What date are you available to start work?

An Equal Opportunity Employer and Drug Free Workplace

It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors. Do not provide any information on the application which will indicate your race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation.

EDUCATION:	
Name and Address of School – Degree/Diploma – Grad	
Skills and Qualification: Licenses, Skills, Training, Awa	ards
EMPLOYMENT HISTORY:	
Present or Last Position:	
Employer:	
Address:	
Supervisor:	
Phone:	
Email:	
Position Title:	
From: To:	
Responsibilities:	
Salary:	
Reason for Leaving:	
Previous Employment History:	
Employer:	
Address:	
Supervisor:	
Phone:	
Email:	
Position Title:	
From: To:	
Responsibilities:	
Salary:	
Reason for Leaving:	

May We Contact Your Present Employer? Yes No		
References:		
Name/Title, Phone, Years Known Name/Title, Phone, Years Known Name/Title, Phone, Years Known		
I certify that information contained in this application is true and complete.		
I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.		
Signature Date		
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