



Send to:
Sepulveda Building Materials
28092 Forbes Road
Laguna Niguel, CA 92677
Phone: 949-347-2145
Fax: 949-373-1826
E-mail: hr@sepulveda.com

Application for Employment

This organization is a drug-free workplace and an equal employment opportunity employer.

Last Name	First	Middle	
Mailing Address	City	State	Zip code
Street Address (if different from above)	City	State	Zip code
County of Residence	Home phone	Message/Cell Phone	
E-mail address	Emergency Contact Name	Phone	
Position Applying for	Wage Desired		
How were you referred to us? Please check one. <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet Where? _____ <input type="checkbox"/> Other _____	Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Shifts that you are available: Please circle all days you can work Monday Tuesday Wednesday Thursday Friday Saturday Sunday Times available: _____		
If hired, can you present evidence that you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start work		
Have you ever been employed here? <input type="checkbox"/> Sepulveda <input type="checkbox"/> Dates: _____	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please describe the functions that cannot be performed.	Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions.		

Education

	Name of School	City and State	Field of Study	Circle last year completed	List Diploma or Degree
High School				1 2 3 4	
GED				1 2 3 4	
Trade School				1 2 3 4	
College				1 2 3 4	
Masters				1 2 3 4	

Skills

Language _____	Do you: <input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Language _____	Do you: <input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Office/Computer Skills <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Other _____			
Please list any special skills, training or education that may be applicable to the position you are applying for:			



Previous Employment

Please List most recent employer first. You must complete this section even if attaching a resume.

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Employer Name		Job Title
Address		Job Duties
Supervisor	Phone	Dates of Employment From To
Reason for leaving:		

Employer Name		Job Title
Address		Job Duties
Supervisor	Phone	Dates of Employment From To
Reason for leaving:		

Employer Name		Job Title
Address		Job Duties
Supervisor	Phone	Dates of Employment From To
Reason for leaving:		

Have you obtained any special skills or abilities as the result of service in the Military? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:	
Do you have any license, skills, training, awards that are relevant to the job for which you're applying?	

Please read the following statements carefully, prior to providing signature and date below

_____ Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
_____ Initials	I hereby authorize Sepulveda Building Materials to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Sepulveda Building Materials any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Sepulveda Building Materials, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Sepulveda Building Materials. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of whether myself or Sepulveda Building Materials and that no promises or representations contrary to the foregoing are binding on Sepulveda Building Materials unless made in writing and signed by me and the companies designated representative.
_____ Initials	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by Sepulveda Building Materials, I am entitled to copies of any such public records obtained by Sepulveda Building Materials. If I am not hired as a result of such information, I am entitled to a copy of any such records.
_____ Initials	I agree to a pre-placement physical examination and drug test at Sepulveda Building Materials expense.

I have read and understood the foregoing and I agree unconditionally to the foregoing.	
_____ Date	_____ Applicant's Signature

SUMMARY of POLICIES

AT-WILL EMPLOYMENT

Employment at Sepulveda Building Materials (SBM) is AT WILL. The employment relationship may be terminated for any reason with or without cause or notice and any time by either you or the Company. No oral statement shall limit the right to terminate employment at will.

EQUAL EMPLOYMENT PRACTICES

SBM is an equal opportunity employer and makes employment decisions on the basis of merit. SBM's policy prohibits unlawful discrimination based on race, color, religion, sex, age, handicap or disability, veteran status, sexual orientation, national origin, ancestry, citizen status, marital status, pregnancy, medical condition, or any other consideration made unlawful by federal, state or local laws. SBM's commitment to equal opportunity employment applies to all persons involved in the operations of the company and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

Applicants with disabilities may be entitled to reasonable accommodation under the ADA and related state laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing an undue hardship on the company.

If SBM determines that unlawful discrimination has occurred, remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. SBM will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

UNLAWFUL HARASSMENT, SEXUAL HARASSMENT AND WORKPLACE VIOLENCE

SBM does not tolerate harassment, sexual harassment or violence of any type to our employees, clients, vendors or suppliers. Any form of harassment which is prohibited by the Equal Employment Opportunity Commission and which violates federal, state or local law, including, but not limited to harassment related to an individual's race, religion, color, sex, sexual orientation, veteran status, national origin, ancestry, citizen status, marital status, pregnancy, age, medical condition, handicap or disability is a violation of this policy. Any employee who engages in any of the acts or behavior described below is subject to employee disciplinary action, up to and including immediate discharge.

HARASSMENT: Verbal, physical or visual conduct of a racial, ethnic, or other type which, in the employee's opinion impairs his or her ability to perform the job.

SEXUAL HARASSMENT: Sexual harassment includes unwelcome sexual advances or visual, verbal or physical conduct of a sexual nature. This definition encompasses many forms of offensive behavior, including gender based harassment of a person of the same sex as the harasser, conduct of a sexual nature that creates an offensive, intimidating or hostile work environment and coerced sexual conduct by a person in a position of authority.

VIOLENCE: Any behavior that could be construed as violent in nature or any physical action that is intimidating or violent to any person.

Complaints of harassment of any type should be reported immediately, without fear of reprisals, to SBM. Confidentiality will be maintained to the extent permitted by the circumstances.

ALCOHOL and DRUG POLICY STATEMENT

Concern for employee safety and health has always been and continues to be a major commitment of SBM (the company). The Company expects all employees to assist in maintaining a work place free from alcohol and drugs.

MEDICAL EVALUATIONS, SCREENING AND TESTING

CONSENT FORM: A signed consent form is to be obtained from an applicant or employee before a test, screen, or evaluation is conducted.

APPLICANTS: The Company reserves the right to screen, test, or otherwise evaluate for alcohol and drug use those whose employment might present serious safety risks if alcohol or drug abuse were present. If a screen result is positive, the applicant has the option to undergo a clinical test or decline going further in the application process. If the clinical test results are positive, the applicant is not to be hired and must pay for the test. If the clinical test results are negative, the normal application process may be resumed and the Company will pay for the test.



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EMPLOYEES: The Company reserves the right to test, screen, and otherwise medically evaluate all employees for alcohol and drug abuse. This may be done on a probable cause, post-injury, random, or systematic basis at any time the Company decides to do so. When an employee is screened and the results are positive, the employee is to be immediately suspended from work and removed from the work site until clinical test results return. When an employee is clinically tested and the results are positive, the employee is to be terminated. If the results are negative from the clinic test, the employee is to be paid for any time missed because of the suspension and be returned to his/her previous position.

REFUSALS: A refusal to submit to screening, testing, or evaluations will render the same results as if the confirmation test produced a positive result, namely, ineligibility for hire, and if currently an employee, termination of employment.

TAMPERING: Tampering or attempting to tamper with a specimen sample will render the same results as if a confirmation test produced a positive result, namely, ineligibility for hire and if currently an employee, termination.

This policy in no way should be construed as an employment contract of any kind, implied or otherwise.

SEARCHES

The Company specifically reserves the right to carry out reasonable searches of personal effects and vehicles when individuals are entering, while on, and leaving company premises including, but not limited to, all occupied or vacant land, buildings, structures, installations, automobiles, trucks, and all other company owned or leased property. Submission to such a search is voluntary; however, refusal may be cause for expulsion from premises, and if an employee, discipline up to and including termination of employment.

I understand and agree that SBM reserve the right to at-will employment and that no employment contracts are implied or otherwise entered into.

If I am ever injured on the job or unable to perform my job duties because of a job related injury, I agree to immediately report the facts to SBM. I agree to immediately report to SBM in order to perform my modified work as assigned.

I understand and agree that falsification, misleading statements, misrepresentation, or omission of facts on this to SBM employment forms, is cause for denial of employment or if employed, cause for dismissal regardless of when discovered.

SBM does not discriminate among applicants or employees on the basis of race, color, age, sex, religion, national origin, marital status, the presence of medical conditions or disability or any other legally protected status.

Please be advised, this application for employment is only good for **30 days** from the date received by the Company. Consideration for employment after 30 days requires submission of a new application.

SBM is not an employment agency.

ACKNOWLEDGEMENT and AGREEMENT

SIGNATURE _____ DATE _____



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FROM: _____
 Sepulveda Building Materials
 28092 Forbes Road
 Laguna Niguel, CA 92677

TO: _____

Personnel Manager:
 The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Please fax your reply to 949-373-1826 or mail to the address above.

Name of applicant: _____

Job applied for: _____

1. This applicant lists dates of employment with your firm from _____ to _____ is this correct? _____

If no, please explain: _____

2. What kind(s) of work did he/she do _____

3. If employed as a driver, please indicate type of equipment driven. _____

4. Would you re-employ this person? _____

5. Remarks: _____

Signature of person supplying information _____ Title _____ Date _____

WAIVER

(Former Employer) _____ Date _____

I authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

 (Applicants signature) (Witness signature)

Prospective
 Employees
 Complete
 this
 Section ▶



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For Office Use Only

Pre-Employment CHECKLIST

Name: _____ Phone: _____

Application complete Yes No

Offer letter Yes No DMV OK Yes No n/a

Pre-employment physical ok Yes No

- Superior Care Med Ctr (GAR) 310-225-3640 Eisenhower(CATH. CITY)760-328-5679
- Eisenhower. (LQ)760-777-7701 South Coast Family (LN) 949-643-0500
- Fox Medical (SBX) 909-884-0025 Industrial Medical Clinic (LOMPOC) 805-922-8282

X-ray results ok Yes No N/A

Drug results ok Yes No

AWSI results ok Yes No N/A

Frasco Profiles (background check) ok Yes No N/A

New hire packet/Employee Handbook Date _____

NOTES: _____

Hired <input type="checkbox"/> Yes <input type="checkbox"/> No Status _____	Emp. ID #
If applicant is 18 years old or less, is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewers Name and Signature
Start Date	Immediate Supervisors Name
Department Location	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Starting Wage/Salary	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Additional Comments	
Dept. Approval Date	HR Approval Date