



Independence Excavating  
 Precision Environmental  
 Precision ProCut  
 Independence Demolition  
 DiGeronimo Aggregates

Independence Recycling  
 Independence Recycling of Florida  
 Independence Communications  
 Indy Equipment  
 Flex-Tech Resources

## APPLICATION FOR EMPLOYMENT

*Qualified applicants are considered for all positions without discrimination based upon race, creed, color, religion, gender, national origin, age, marital status or disability.*

Name:

\_\_\_\_\_

Last	First	Middle
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Address:

\_\_\_\_\_

Number	Street	City/State	Zip Code
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Telephone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Position applying for: \_\_\_\_\_ How did you learn of this position? \_\_\_\_\_

What kind of work are you applying for?     Full time     Part time     Temporary

What are your salary expectations? \_\_\_\_\_

Are you on layoff from another job subject to recall?     Yes     No

If yes, give date your recall rights end: \_\_\_\_\_

Are you over 18?:     Yes     No                      Do you have transportation to work?                       Yes     No

If you are applying for a position that requires a driver's license:

Do you have a driver's license?     Yes     No    License #: \_\_\_\_\_    CDL?     Yes     No

Have you ever applied or worked for any of the DiGeronimo Companies in the past?                       Yes     No

If yes, give dates: \_\_\_\_\_ What company and position? \_\_\_\_\_

When would you be available for work? \_\_\_\_\_

Are you legally authorized to work in the United States?     Yes     No

Have you ever been discharged by a prior employer?     Yes     No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude or any felony, or been released from prison or received deferred adjudication within the last 7 years?     Yes     No

If yes, please provide the date and place of conviction and nature of crime: \_\_\_\_\_

(Conviction or imprisonment is not an automatic bar to employment. All circumstances will be considered.)

Have you ever illegally sold narcotics, amphetamines, barbiturates or other dangerous drugs?!!     Yes     No

If "yes", give details: \_\_\_\_\_

Are you currently using illegal narcotics, amphetamines, barbiturates or other dangerous drugs?!!     Yes     No

If "yes", give details: \_\_\_\_\_

Are you employed now?     Yes     No                      May we contact your present employer?                       Yes     No

!! An applicant must answer this question unless the record has been expunged (sealed) pursuant to 2953.31 et seq. of the Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

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**WORK EXPERIENCE** – PLEASE COMPLETE FOR YOUR LAST THREE POSITIONS HELD – PLEASE DO NOT WRITE “SEE ATTACHED RESUME”

Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor's Name and Phone Number:			Salary:
Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor's Name and Phone Number:			Salary:
Employer (include address)	Dates of Employment	Positions Held/Duties	Reason for Leaving
Supervisor's Name and Phone Number:			Salary:

**EDUCATION SUMMARY**

Name of School	City/State	Course of Study	# of Years Completed	Degree	GPA

In applying for employment, it is understood that we reserve the privilege of contacting past employers regarding references. Please do not list relatives or friends as references. **Business references only.**

**REFERENCES**

Name/Title	Phone	How Do You Know Them?	Length of Time Known

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**PRE-EMPLOYMENT STATEMENT  
PLEASE READ AND SIGN BELOW**

*I understand and agree that:*

1. All facts I have provided on this application, in any resume or other materials I have submitted, and during any job interview are true and complete to the best of my knowledge. Any false or misleading statement, or misrepresentation or omission of any fact on this application, resume or other material I have submitted, or during any job interview, will be grounds for not receiving an offer of employment, or, if an offer was made and accepted, immediate termination.
2. Any offer of employment I may receive from the Company is contingent upon my successful completion of the total pre-employment screening process and new hire-in processing, including the Company receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination that the Company may require. I understand that my refusal to undergo such examination will preclude me from obtaining and continuing employment. Further, I hereby agree and authorize that all medical information obtained in association with the post-offer examination shall be released from the appropriate medical personnel to the Company and release and hold harmless all persons, companies and other entities conducting such examination for all liability(ies) and damages whatsoever in association with such examination.
3. I understand that as a condition of employment, I will be required to undergo and successfully pass a test for alcohol and/or drugs. I understand that my refusal to be tested as a condition of employment, or the failure to test negative will preclude me from obtaining employment. I also understand and agree that, if employed, I may be required to submit to an alcohol and/or drug test at any time at the discretion of the Company.
4. In processing my application for employment, the Company may verify any and all of the information provided by me, or may procure or have prepared an investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. The report may involve personal interviews with sources such as neighbors, friends or associates. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers, schools and those individuals I have listed as references furnish information about my employment/scholastic record. This may include the reason for the termination of my employment, work performance, abilities, school major, GPA, degree obtained, etc. and other qualities pertinent to my qualifications for employment. I hereby release and hold harmless all parties from any and all liability for damages arising from furnishing the requested information.
6. I agree that, if hired, I will comply with the policies, rules, regulations and procedures of the Company and understand that I may resign at any time, and the Company may terminate my employment at any time for any reason not prohibited by law. Employment with the DiGeronimo Companies is on an "at-will" basis and is for no definite period and may regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the president or owner of the DiGeronimo Companies, no supervisor, manager, or other person, irrespective of title or position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at-will employment status must be in writing and signed by an owner of the DiGeronimo Companies.
7. In consideration of the Company's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with, the Company or any of its affiliated companies, must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disabled and/or veteran status of applicants. This data is for analysis and affirmative action only.

Please be assured that you will not be subjected to any adverse treatment if you do not wish to provide the requested information.

Gender:  Male  Female

Race/Ethnic Group:  White  African American  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander  
 Other \_\_\_\_\_

**SUBMISSION OF INFORMATION ON THIS FORM IS VOLUNTARY**

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