

## COOPER • RIVER • CONTRACTING, LLC COOPER • RIVER • CONCRETE, LLC

2007 CHERRY HILL LANE, CHARLESTON, SC 29405 PHONE: (843) 277-0701 **B** FAX: (843) 278-5914

## **Employment Application** Personal Data Name:\_\_\_\_\_\_ Date:\_\_\_\_\_ Address:\_\_\_\_ State: Zip Code: Phone: ( \_\_\_\_)\_\_\_\_ Social Security No.:\_\_\_\_-\_\_\_ Position Applying For: Salary Requirement: \$ Are you a US Citizen? YES ( ) NO ( ) Do you have a valid drivers license? YES ( ) NO ( ) Date you are available to start work. Cooper River Contracting LLC's policy is to comply with all laws including those banning discrimination. Applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, veteran status or disability. ALL EMPLOYEES OF COOPER RIVER CONTRACTING, LLC ARE EMPLOYED AT-WILL AND MAY RESIGN/QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND COOPER RIVER CONTRACTING, LLC. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT. **Education and Training** High School:\_\_\_\_ Date Graduated:\_\_\_\_\_ From:\_\_\_\_\_To:\_\_\_\_ College:\_\_\_\_ Date Graduated:\_\_\_\_\_ From:\_\_\_\_\_\_To:\_\_\_\_

Date Graduated:

Other:\_\_\_\_

From:\_\_\_\_\_ To:\_\_\_\_

## Employment Record (You may attach resume.)

| Salary: Super Reason for Leaving:  Name of Employer:  Address: Position  Salary: Super Reason for Leaving:  Employment Record, Continued  Name of Employer:  Address: Position  From: To: Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on:                 |  |
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| From: To: Position Salary: Super Reason for Leaving:  Name of Employer: Address: Position Salary: Super Reason for Leaving: Employment Record, Continued  Name of Employer: Address: From: To: Position   | on:                 |  |
| Reason for Leaving:    Name of Employer:  Address:  From: To: Position  Salary: Super  Reason for Leaving:  Employment Record, Continued  Name of Employer:  Address: To: Position  Pos | on:                 |  |
| Name of Employer:  Address:  From: To: Position Salary: Super Reason for Leaving:  Employment Record, Continued  Name of Employer: Address: Position Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on:                 |  |
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| Reason for Leaving:  Employment Record, Continued  Name of Employer:  Address:  From: To: Positi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |  |
| Employment Record, Continued  Name of Employer:  Address:  From: To: Positi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |  |
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| Salary: Super                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on:                 |  |
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| Salary: Super                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on:                 |  |
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## **Skills and Qualifications**

| List any skills, license, training, equipment or any other information related to the position(s) for which you are applying.                                                                                                       |                                                                                                                                                                                                                                                             |  |
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| References                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             |  |
| Give the names of two people, excluding relatives, that are familiar with your work.                                                                                                                                                |                                                                                                                                                                                                                                                             |  |
| Name:                                                                                                                                                                                                                               | Phone: ()                                                                                                                                                                                                                                                   |  |
| Name:                                                                                                                                                                                                                               | Phone: ()                                                                                                                                                                                                                                                   |  |
| Signature and Certification  I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be |                                                                                                                                                                                                                                                             |  |
| of my personal employment in arriving at an er                                                                                                                                                                                      | u are hereby authorized to make any investigation<br>inployment decision. I hereby release employers,<br>ing to inquires in connection with my application.                                                                                                 |  |
| Contracting, LLC are "AT WILL" and that motive, at any time for any or nor reason at or myself. I understand that no manage                                                                                                         | ent and compensation with Cooper River I may be terminated, with or without cause or the option of Cooper River Contracting, LLC ment official/body other than Cooper River into any agreement contrary to the "at will" r promise of continued employment. |  |
| I also understand that if I am given a conditional a drug and alcohol screen.                                                                                                                                                       | l offer of employment that I may be scheduled for                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |  |
| Signature:                                                                                                                                                                                                                          | Date:                                                                                                                                                                                                                                                       |  |