Applications valid for 30 days. Renewal must be made in writing.

PIEDMONT VIRGINIA COMPANIES, INC.
EMPLOYMENT APPLICATION
We are an Equal Opportunity Employer

New Employee Orientation 1st Wednesday of Employment

1st Paycheck issued at Orientation

DRUG TEST REQUIRED

PLEASE PRINT

PLEASE PLACE A CHECKMARK BY THE COMPANY YOU ARE APPLYING TO:

___ Piedmont Virginia Companies
___ R. E. Lee & Son
___ R. E. LEEcm
___ Piedmont Concrete Contractors
___ Piedmont Facilities Management
___ Piedmont Plaster & Drywall
___ Piedmont Tool Repair
___ The Millwork Specialist (Richmond)

TYPE OF POSITION/WORK APPLYING FOR: _____

Contact Information

First Name and Middle Initial | Last Name | Social Security Number

Home Address (Number and Street or Rural Route)

City or Town, State and Zip Code | Marital Status: Single Married (Circle One)

Phone Number ( )

Previous Employment

Company: | Job Duties: | Phone Number:

Company: | Job Duties: | Phone Number:

Former Employee of PVC Company? Yes No | If yes, last job worked? | Date last worked?

Piedmont Virginia Companies, Inc. is an Equal Opportunity Employer. All hiring and employment decisions are made without regard to a person's race, sex, religion, national origin, age, handicap, or veteran status. As part of our affirmative action requirements as a federal contractor, we are obligated to provide the government with important statistical information.

Are you over the age of 18? Yes No | *Gender | *Race | *Date of Birth

Do you speak English? Yes No | If not, what language do you speak?

How well can you communicate in English? | Are you eligible for work in the US?

Do you have any physical or mental conditions that may limit your ability to operate motorized equipment, power tools, climb several flights of stairs or ladders uninterrupted, hear and see safety horns and signals, work at heights (including fear of heights), lift 70 pounds, work 40 to 60 hours per week, or do other activities required in construction work? _____ Yes _____ No. If you have answered yes, state any accommodations that would enable you to perform the job applied for properly, safely, and healthfully.

*Do you qualify as a Veteran? Yes No | *A Disabled Veteran? Yes No

Do you have a valid driver's license? Yes No | If yes, what state?

Have you had any significant moving violations in the last 3 years? Yes No | If yes, give details on back.

In case of emergency, please contact: | **Phone: ( )**

I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts requested may be cause for dismissal and denial of benefits, including workers' compensation. Further, I understand and agree that any employment will be temporary, and regardless of the date of payment of wages or salary, may terminate without previous notice on or before completion of the project.

Applicant's Signature | Date

*You may, by law, leave items marked with an (*) blank if you choose and will not be subject to adverse treatment.

For Company's Use Only

Hired? Yes No New Hire? Yes No Rehire? Yes No

References Checked:

Comments:

Employee # Pay Class Circle One: Part-Time Full-Time

Superintendent's Signature Date Hired

Reason for No Hire or Comments

Job Name Job No. Job Location

N:\PVC\Employee\New Hire Packet & Checklist\1 PVC Employee Application