

APPLICATION FOR EMPLOYMENT

(Please print legibly in ink)

In compliance with Federal and State EEO laws, qualified applicants are considered for all positions without regards to race, color, sexual orientation, religion, gender, national origin, age, marital status, or the presence of non-job related medical conditions or disability.

Alba Contractors, Inc. is a recognized industry leader in concrete and waterproofing, and is one of Cleveland, Ohio's premier and diversified construction companies. Founded in 1995 by the Al F. Sluga, Alba Contractors, Inc. has earned a solid reputation for honesty, integrity and outstanding performance. We specialize in concrete construction; waterproofing; underground utility installation; site development; drainage and sewer construction.

Alba Contractors, Inc. provides services to a wide range of residential, industrial, governmental and commercial clients. We are especially proud of our role in many of the major building projects in Northeast Ohio.

Alba Contractors Inc. has a commitment to the following Mission Statements:

- To sincerely focus our efforts on the Customers we serve by providing work that meets and exceeds their needs.
- To provide a product that combines craftsmanship, professionalism, integrity, and timeliness while personalizing each job to the needs and wants of the Customer.
- To continue being a leader in the Construction business while providing our Customers guidance throughout the project.
- To be leaders in quality workmanship, service, integrity and efficiency.
- To expect and accept from ourselves nothing short of the best.
- To be known for doing everything we can to ensure the Customers needs are exceeded.

Name (Print)

Date

Name (Signature)

OTHER				
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PRIOR WORK HISTORY (please list your employment history beginning with your most recent employer)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

Describe in detail your work responsibilities:

Reason for leaving (be specific): _____

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

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FROM	TO		START	FINISH	

JOB TITLE: _____

May we contact this employer? Yes No

Describe in detail your work responsibilities:

Reason for leaving (be specific): _____

REFERENCES (Please list two professional references other than relatives or previous supervisors)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____

Alba Contractors Inc. conducts full background investigations, including employment, education, and criminal.

Have you ever been convicted of a crime? Yes No

If yes, please describe when, where and final outcome of all charges resulting in conviction.

Date	City/State	Offense	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any skills or experience, which you feel, would especially qualify you for a position with our company. Examples include: machines that you can operate, vehicles you have experience driving, concrete and waterproof experience, etc.

Please read carefully before signing

All employment offers are contingent upon the following statements and any employment offer can be rescinded based on these statements:

1. Alba Contractors Inc. is firmly committed to maintaining a drug-free environment. All employment offers are conditioned upon a negative drug test result, which will be taken within 48 hours after the employment offer is extended.
2. I authorize all persons, schools, companies, and other organizations to supply any and all information requested by the company in association with such investigation including, but not limited to, information regarding my educational background, work history, personal character, and all other information, personal or otherwise.
3. Any false statements of fact upon this application will be considered just cause for my dismissal from employment with the company should I become an employee. I understand that the company may require me to supply appropriate supporting documentation concerning the information I have provided on this application.
4. I understand and agree that, if hired, my employment with the company is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, the company will have full right and the authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from the “at-will” arrangement through written documentation from an officer of the company specifically authorized to make such contracts.
5. I understand and agree that the company has the right to modify, amend or terminate policies, procedures, rules and benefits plan in its discretion and/or manner consistent with requirements imposed by law.

6. I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months. I understand that, if I wish to be considered for employment beyond this time, I should contact the company to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

Signature of Applicant _____ Date _____

**CONSENT FOR
DRUG/ALCOHOL TESTING**

1. Have you submitted to a drug test at Alba Contractors Inc. within the last year?
 Yes No
If yes, list date and location: _____
2. I, the undersigned, understand that it is Alba Contractors Inc. policy to require that job candidates consent to testing by an independent laboratory to determine if the candidate has used any of the following drugs:
- | | | |
|-----------------|--------------|------------------|
| Amphetamines | Cocaine | Opiates (Heroin) |
| Barbiturates | Methadone | PCP |
| Benzodiazepines | Methaqualone | THC (Marijuana) |
3. I hereby voluntarily consent to provide a specimen of my urine when requested in order to be tested for the use of drugs specified by Alba Contractors Inc. Further, I hereby release Alba Contractors Inc., and any claims of any nature whatsoever that may arise from or be related to the testing or the use of such test results. I further consent to provide the Medical Review Officer doctor with the names of all medications that I have been using at the time of the test.

4. I understand that I will not be eligible for employment with Alba Contractors Inc. if I refuse to proceed with the testing or if the results of my test are positive for one or more of the drugs indicated above.
5. I understand that if my test is positive for one or more of the drugs indicated above, I will not be eligible for a period of 6 (six) months to take the drug test again.
6. I recognize and acknowledge that if employed the above-referenced urinalysis or other drug and/or alcohol testing tests shall be performed (1) in association with “for cause” when the company has reasonable suspicion, and (2) in the course of “post accident” investigations.

PLEASE PRINT INFORMATION

Name:	Date:
Address:	Home Phone:

Applicant's Signature