



# Job Application

680 Gulf Avenue, Staten Island, New York 10314

Phone 718-761-7014

**AN EQUAL OPPORTUNITY EMPLOYER**

**Personal Information**

Last	First	MI	Email		
Street Address		City	ST	Zip	Home Phone
Are you entitled to work in the United States?			Are you 18 or older?		Mobile Phone
Military Service?	Branch		Are you a veteran?		
What position are you applying for?			How did you hear about this position?		
Expected Hourly Rate	Expected Weekly Earnings		Date Available		

**Prior Work Experience**

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact						

**Education**

	Name/Location	Last Year Complete				Degree	Major
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							

List any applicable special skills, training, and knowledge of equipment or proficiencies.

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Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature	Date
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## Motor Vehicle Record And Driver's License Release Form

I hereby authorize the release of my motor vehicle and driving records history to Accredited Background Checks, Inc. on behalf of the company listed below. I furthermore understand that since the personal information may be contained in my motor vehicle record report and such information is protected by the Federal Driver Privacy Protection Act.

\_\_\_\_\_  
First Name (Printed)

\_\_\_\_\_  
Middle Name (printed)

\_\_\_\_\_  
Last Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Signature

Company Authorized To Receive Information: \_\_\_\_\_

### Disclaimer:

The client agrees that it shall be responsible for any and all actions that it takes based on any reports Accredited Background Checks, Inc. provides. The client shall defend, underwrite and hold Accredited Background Checks and/or its affiliates harmless from any and all losses, claims, demands, liability, cause of action, judgements, costs and attorney fees arising out of this Agreement. The client hereby agrees to hold Accredited Background Checks, Inc. and its officers, agents, employees, subcontractors and independent subcontractors harmless on account of any expense, cost, or damage resulting from the publishing by the client or the employees, agents or independent subcontractors of the client of any report information provided by Accredited Background Checks, Inc. to the terms of this agreement or applicable laws, rules or regulations. The Client also certifies that the information in the reports from Accredited Background Checks, Inc. will not be given to or resold to any other person or user and that the requests for information will not be mad except within compliance with the DPAA.



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[www.jp Hogan.com](http://www.jp Hogan.com)

## PRE-EMPLOYMENT CONSENT TO DRUG TEST

I, \_\_\_\_\_, understand that **JP Hogan Coring & Sawing Corp** is a drug-free workplace and that a drug test is a condition of employment. Random drug testing is part of **JP Hogan Coring & Sawing Corp's** Health and Safety Policy.

I agree that if I am offered and accept a position with **JP Hogan Coring & Sawing Corp**, I will be required to take a urine test to screen for the use of illegal drugs.

Illegal drugs can be defined as, but not limited to, chemical substances for nontherapeutic purposes. These substances are either obtained illegally or have not been approved for use by the FDA.

I hereby consent to this test at an Accredited Background Check, Inc. location.

Furthermore, I am aware that these results will become part of my employment record and that positive results can affect whether I am hired.

**JP Hogan Coring & Sawing Corp's** Health & Safety Policy includes random drug testing. I hereby authorize the release of the test results to **JP Hogan Coring & Sawing Corp**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## PRE-EMPLOYMENT CONSENT TO DRUG AND ALCOHOL SCREENING

Company Name: JP HOGAN CORING & SAWING CORP.

Employee Name: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_ Employee contact phone number: 718-619-1491

Type of Test/Service: 5 Panel

Test Purpose: Pre-employment

Donor Zip Code: 10314

Email for donor pass/authorization form to be sent: lmcgowan@888jphogan.com

Email for Confidential Results to be sent: lmcgowan@888jphogan.com



**ENTRY LEVEL PACKAGE**

Background Check/Consumer Report

Applicant Personal Questionnaire

(Please print legibly)

Company/Employer Name JPHOGAN CORING & SAWING CORP

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CHECK ONE
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Alias/Maiden/Previous Name(s)

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address for the past 7 years

ADDRESS, CITY & STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

EDUCATION INFO (if applicable)

INSTITUTION NAME	HIGHEST DEGREE ACHIEVED	MAJOR	DATE OF DEGREE

EMPLOYMENT VERIFICATION (if applicable)

Current     Previous

BUSINESS NAME	CITY, STATE, ZIP	CONTACT NAME	PHONE	JOB TITLE	DATE OF SERVICE

Motor Vehicle Records Report (if applicable)

DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_