

**EMPLOYMENT APPLICATION
(OFFICE)**

Date _____

PERSONAL:

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE NO. _____ REFERRED BY _____

Date You Can Start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your Present employer? _____

EDUCATION

| | Name and Location of School | Date Graduated | Subjects |
|-----------------------------------|-----------------------------|----------------|----------|
| High School | _____ | _____ | _____ |
| College | _____ | _____ | _____ |
| Trade/Business/ Corres. School | _____ | _____ | _____ |

OTHER SKILLS OR QUALIFICATIONS

Military Service Yes___ No___ Branch _____ Date of Discharge _____

Activities/Hobbies _____

REFERENCES: Give below the names of three persons NOT related to you.

| Name | Address | Business | Years Known |
|------|---------|----------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

FORMER EMPLOYERS: (List below in detail the last three, listing last job first.)

| Date Month and Year | Name/Address/Phone of Employer | Salary | Position | Reason Left |
|------------------------|-----------------------------------|--------|----------|----------------|
| From _____ To _____ | _____ | _____ | _____ | _____ |
| From _____ To _____ | _____ | _____ | _____ | _____ |
| From _____ To _____ | _____ | _____ | _____ | _____ |

Are you now or have you ever been employed within the construction industry in any position (including administrative positions)?

YES _____ NO _____

If yes, please define and detail your duties:

NOTICE TO APPLICANTS

This Company does not require a pre-employment medical examination but does reserve the right to require drug testing and a medical examination after an offer of employment is made to an applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical record. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with the Company. The Company will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

REPRESENTATIONS AND WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize the Company to investigate any and all statements contained in this application. I hereby consent to the Company conducting any checks concerning my background, which are deemed necessary, advisable, or helpful by the Company (except contacting my current employer, unless permission is granted above). I understand that if hired I will receive a copy of the Company's rules, regulations and the Company's policies, including its drug policy. I will read and understand the rules, regulations and policies: and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, I agree to cooperate fully with that drug test and waive any all objections I might otherwise have to such drug testing. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision. I hereby consent to such medical examination and will fully cooperate with any required examination. **I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice at any time at the option of either the Company or myself.** I understand that no manager or representation of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I understand that due to the cyclical nature of the construction industry that the Company is not in a position to employ field personnel on a permanent basis.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or in the event I become employed by the Company in my dismissal.

Signature of Applicant

Date

VOLUNTARY DISCLOSURE AND STATEMENT

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. Also, this Company complies with the Americans with Disabilities Act and is willing to make reasonable accommodations to aid the employment of handicapped or disabled applicants.

Although you are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job, if you want this Company to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

If you are a disabled veteran or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped/Disabled Individual Disabled Veteran Vietnam Era Veteran

Accommodations Requested:

Signed: _____

Date: _____

For office use only:

Interviewed By: _____

Date: _____