

Application for Employment

Company Applying With: Prestressed Concrete Construction, LLC

Position(s) Applying For: _____

Personal Information:

First Name: _____
Last Name: _____
Middle: _____
Primary Phone #: _____
Secondary Phone #: _____

Street Address: _____
City: _____
State: _____
Zip Code: _____
Email: _____

Additional Information:

How did you hear about us?

- | | | | |
|--|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Prestressed Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Radio | <input type="checkbox"/> State Employment Service |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Recruiter | <input type="checkbox"/> Tech School | <input type="checkbox"/> Temporary Service |
| <input type="checkbox"/> I've worked here before | <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV ad | <input type="checkbox"/> Other: _____ |

Highest Education Level:

- | | | |
|---|--|---|
| <input type="checkbox"/> No High School Diploma/GED | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Trade or Tech School Diploma |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> PhD | |

What is your hourly pay rate requirement? \$ _____

Have you ever worked here before? Yes No If yes, please provide dates: _____

Do you have reliable transportation? Yes No

Are you presently 18 years of age or older? Yes No

Employment History:

Company Name: _____ Position or Title: _____
Company City/State: _____ Company Phone: _____
Date From: _____ Date To: _____
Reason for leaving: _____ Final Wage: _____
Duties _____

Ok to Contact? Yes No

Company Name: _____ Position or Title: _____
Company City/State: _____ Company Phone: _____
Date From: _____ Date To: _____
Reason for leaving: _____ Final Wage: _____
Duties _____

Ok to Contact? Yes No

Employment History (cont.):

Company Name: _____ Position or Title: _____

Company City/State: _____ Company Phone: _____

Date From: _____ Date To: _____

Reason for leaving: _____ Final Wage: _____

Duties _____

Ok to Contact? Yes No

Education:

School Name: _____ City: _____

Field of Study: _____ State: _____

Degree or Certificate received: _____

School Name: _____ City: _____

Field of Study: _____ State: _____

Degree or Certificate received: _____

Criminal Offense Information

Criminal offenses do not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever been convicted of a criminal offense, other than a minor traffic violation? Yes No

If yes:

Date of offense: _____ Type of Offense: Felony Misdemeanor

State: _____

Details: _____

Date of offense: _____ Type of Offense: Felony Misdemeanor

State: _____

Details: _____

References:

Name: _____

Phone: _____

Years Known: _____

Name: _____

Phone: _____

Years Known: _____

Basic Skills Test:

Have you taken the ACT Work Keys: Yes No

Score: _____

Qualifications/Certifications:

Qualification/Certification: _____

Issuing Authority: _____

Document Number: _____

Expiration Date: _____

Qualification/Certification: _____

Issuing Authority: _____

Document Number: _____

Expiration Date: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees of agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless that are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete a Form I-9 in this regard.

I certify that I have read and understand the Applicant Statement.

Signature of Applicant _____ Date: ____/____/____

Voluntary Equal Opportunity Questionnaire

As an equal opportunity employer, we hire without consideration to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, veteran status or disability. We invite you to complete the optional self-identification fields below used for compliance with government regulations and record-keeping guidelines.

Gender:

- Male
 Female

Race:

- Hispanic or Latino
 White (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Island (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 American Indian or Alaska Native (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 Choose Not To Disclose

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows: Show citation box

A "**disabled veteran**" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I am not a protected veteran
 Disabled Veteran
 Recently Separated Veteran
 Active Wartime or Campaign Badge Veteran
 Armed Forces Service Medal Veteran
 I am a protected veteran, but choose not to self-identify by classification
 Choose not to disclose

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.