



EMPLOYMENT APPLICATION

Page 1 of 3 This Employment Application will remain active for one year from the date of completion

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Telephone ()		If under 18, please list age	
Email Address		Last 4 of SSN	
Position Applied for		Desired Pay Rate	
Sometimes a job may require that we work at night, to avoid heavy traffic, thus creating a safer work environment for our employees.		Can you work nights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Can you work weekends?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Are you willing to work over time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Are you willing to travel out of town with overnight stays?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Employment Desired: <input type="checkbox"/> FULL TIME ONLY <input type="checkbox"/> PART TIME ONLY <input type="checkbox"/> FULL <u>OR</u> PART TIME			
When are you available to start work? _____			
Do you speak or write any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?
Have you ever had an adjudication withheld, or nolo contendere?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?
EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D. <input type="checkbox"/>
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Business or Trade School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

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PREVIOUS EMPLOYMENT	
<i>Company #1</i>	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List the responsibilities, duties performed, skills used or learned, advancements or promotions while you worked at the company.	

<i>Company #2</i>	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List the responsibilities, duties performed, skills used or learned, advancements or promotions while you worked at the company.	

<i>Company #3</i>	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List the responsibilities, duties performed, skills used or learned, advancements or promotions while you worked at the company.	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by C.W. Roberts Contracting, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of C.W. Roberts Contracting, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and C.W. Roberts Contracting, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background, including review of all social networking sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I further understand that my employment with the Company shall be probationary for a period of (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This Company provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, sexual orientation and gender identity, national origin, citizenship, age, pregnancy, disability, or any other protected status. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Acknowledgment and Agreement:

APPLICANT SIGNATURE

DATE



EEO SURVEY
(To be removed prior to review of the application)

We consider applicants for all positions without regard to race, color, sex, national origin, religion, age, marital status, genetic information status, pregnancy, disability, veteran status, sexual orientation, gender identification, transgender, or any other legally protected class. The information requested on this form is collected by the company to comply with Affirmative Action/Equal Employment Opportunity and other federal laws and regulations. This information is considered confidential and will not be a part of your official application for employment.

Position title for which you are applying: _____

Sex: _____ Male _____ Female Date of Birth: _____

Race (Check Only One):

- _____ Hispanic or Latino
_____ White (Not Hispanic or Latino)
_____ Black or African American (Not Hispanic or Latino)
_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
_____ American Indian or Alaska Native (Not Hispanic or Latino)
_____ Asian (Not Hispanic or Latino)
_____ Two or More Races (Not Hispanic or Latino)

You are invited to identify yourself as a disabled veteran, veteran of the Vietnam Era, or disabled individual. This information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information will be used for affirmative action purposes. It is not used or considered in the selection process and is filed separately from the application.

The Vietnam Era is defined by Federal Regulations as August 5, 1964 to May 7, 1975.

Veteran Status: Which applies to you?

- _____ Disabled Veteran: A Veteran entitled to compensation for disability rated at 30% or more, or a person who is discharged or released from active duty because of a service connected disability.
_____ Recently Separated Veteran: A Veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.
_____ Active Duty Wartime or Campaign Badge Veteran: 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 by the Department of Defense.
_____ Armed Forces Service Medal Veteran: 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.
_____ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
_____ I am NOT a protected veteran.

To qualify as a Disabled Individual, you must:

- 1. Have a physical or mental impairment which substantially limits one or more life activities (including employment);
2. Have a record of such impairment; or
3. Be regarded as having such impairment.

Do you qualify as such an individual? _____ Yes _____ No

This information is for compliance reporting only.
It will be removed from your application prior to review.
It is not considered in the employment process.