

EMPLOYMENT APPLICATION



APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE."
2. Complete both pages of this form.
3. If more space is needed to complete any question, use the comments section on the 2nd page.
4. Incomplete or illegible applications will not be processed.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-Time Part-time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

EDUCATION

Please enter highest grade completed (7-16+). _____

	NAME	CITY/STATE	GRADUATE?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITY

List states and counties of residence for the past seven years. _____

Yes No

Have you used any names or Social Security Numbers other than those on this page? If so, please list in the comments on page 2.

Yes No

Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent. _____

Yes No

If the job requires, do you have the appropriate valid driver's license?

DL# _____ Type _____ State of issue _____

Yes No

Have you had any moving violations? Please describe. _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Yes No

Have you been given a job description or had the requirements of the job explained to you?

Yes No

Do you understand these requirements?

Yes No

Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER				<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?	
COMPANY NAME			CITY	STATE	PHONE NUMBER
TO _____ DATES EMPLOYED	FROM _____	JOB TITLE		SUPERVISOR NAME	
DUTIES					
SALARY _____		PER _____ (HOUR, WEEK, MONTH, YEAR)	REASON FOR LEAVING _____		
SECOND MOST RECENT EMPLOYER					
COMPANY NAME			CITY	STATE	PHONE NUMBER
TO _____ DATES EMPLOYED	FROM _____	JOB TITLE		SUPERVISOR NAME	
DUTIES					
SALARY _____		PER _____ (HOUR, WEEK, MONTH, YEAR)	REASON FOR LEAVING _____		
THIRD MOST RECENT EMPLOYER					
COMPANY NAME			CITY	STATE	PHONE NUMBER
TO _____ DATES EMPLOYED	FROM _____	JOB TITLE		SUPERVISOR NAME	
DUTIES					
SALARY _____		PER _____ (HOUR, WEEK, MONTH, YEAR)	REASON FOR LEAVING _____		

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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JOB DUTY QUESTIONNAIRE

Are you willing to work 10 hours a day on a regular basis?

Yes No

Are you willing to work 6 days a week on a regular basis?

Yes No

Are you willing to travel on a regular basis?

Yes No

Are you willing and capable of performing the following jobs?

A. Lift and carry 50 pounds?

Yes No

100 pounds?

Yes No

150 pounds?

Yes No

B. Work in areas with a strong odor?

Yes No

C. Work in areas near or below freezing?

Yes No

D. Work in areas with temperatures sometimes over 100°F?

Yes No

SIGNATURE

DATE

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that **Global Engineering & Construction** may, for employment-related purposes (e.g. evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you.

Global Engineering & Construction will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

It is our policy to do a pre-employment verification through our insurance carrier of driving records to determine that potential employees meet their requirements for coverage to drive company vehicles. In addition to the information on your application, we also need your date of birth for this purpose.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **Global Engineering & Construction** to obtain one or more consumer reports on me for employment-related purposes as indicated above.

DATE OF BIRTH		
FIRST NAME (PLEASE PRINT)	MIDDLE INITIAL	LAST NAME
SIGNATURE		DATE

MOTOR VEHICLE QUESTIONNAIRE

To All Applicants: Providing this information is voluntary and will be used to verify insurability for operating company vehicles.

Due to our insurance carrier requirements, the following information is needed at the time of your application:

Have you ever had any OMVI convictions? Yes No

If yes how many? _____

When? _____

Have you ever had your driver's license revoked? Yes No

If so, when? _____

Give reason: _____

Have you had any driving violations in the past five (5) years? Yes No

If yes, for what reason?

I hereby grant **Global Engineering & Construction** permission to contact the Iowa (or State from which your license is from) Department of Transportation, licensing bureau, to verify the above information.

DATE OF BIRTH		
LICENSE NUMBER		STATE:
FIRST NAME (PLEASE PRINT NAME AS IT APPEARS ON YOUR LICENSE)	MIDDLE INITIAL	LAST NAME
SIGNATURE		DATE