

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance, or any other legally protected status.

(PLEASE PRINT)

|  |                                   |                                      |      |             |          |
|--|-----------------------------------|--------------------------------------|------|-------------|----------|
| Position(s) Applied For                    |                                   | Date of Application                  |      |             |          |
| How Did You Learn About Us?                |                                   |                                      |      |             |          |
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Inquiry     |      |             |          |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |      |             |          |
| Last Name                                  |                                   | First Name                           |      | Middle Name |          |
| Address                                    | Number                            | Street                               | City | State       | Zip Code |
| Telephone Number(s)                        |                                   |                                      |      |             |          |

- Are you a member of a Union?  Yes  No  
 If Yes, which Union \_\_\_\_\_
- Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_
- Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_
- Do any of your friends or relatives, other than your spouse, work here?  Yes  No  
 If Yes, state name, relationship and location \_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*
- Date available to work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_
- Are you available to work:  Full Time  Part Time  
 Temporary (Please indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)
- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No

| <b>EDUCATION</b>       |                            |                 |                 |                  |
|------------------------|----------------------------|-----------------|-----------------|------------------|
| School                 | Name and Address of School | Course of Study | Years Completed | Diploma / Degree |
| High School            |                            |                 |                 |                  |
| Undergraduate College  |                            |                 |                 |                  |
| Graduate/ Professional |                            |                 |                 |                  |
| Other (Specify)        |                            |                 |                 |                  |

| <b>WORK EXPERIENCE</b>   |                           |       |   |
|--|---------------------------|-------|---|
| Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. |                           |       |   |
| Employer   | <b>Dates Employed</b>     |       | <b>Work Performed</b>   |
| Address  | From                      | To    |   |
| Telephone Number(s)  |                           |       |   |
| Starting/Present Job Title   | <b>Hourly Rate/Salary</b> |       |   |
| Supervisor   | Starting                  | Final |   |
| Reason for Leaving   |                           |       | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer   | <b>Dates Employed</b>     |       | <b>Work Performed</b>   |
| Address  | From                      | To    |   |
| Telephone Number(s)  |                           |       |   |
| Starting/Present Job Title   | <b>Hourly Rate/Salary</b> |       |   |
| Supervisor   | Starting                  | Final |   |
| Reason for Leaving   |                           |       | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer   | <b>Dates Employed</b>     |       | <b>Work Performed</b>   |
| Address  | From                      | To    |   |
| Telephone Number(s)  |                           |       |   |
| Starting/Present Job Title   | <b>Hourly Rate/Salary</b> |       |   |
| Supervisor   | Starting                  | Final |   |
| Reason for Leaving   |                           |       | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer   | <b>Dates Employed</b>     |       | <b>Work Performed</b>   |
| Address  | From                      | To    |   |
| Telephone Number(s)  |                           |       |   |
| Starting/Present Job Title   | <b>Hourly Rate/Salary</b> |       |   |
| Supervisor   | Starting                  | Final |   |
| Reason for Leaving   |                           |       | May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Comments: Include explanation of any gaps in employment.**

**Describe any specialized training, apprenticeship, professional, trade and business activities**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**Describe any job-related training received in the United States military.**

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**List Years of Experience at the following Crafts**

|                |      |  |                  |      |  |                  |      |  |
|----------------|------|--|------------------|------|--|------------------|------|--|
| Sewer/Water    | Yrs. |  | Excavator        | Yrs. |  | Heavy Mechanic   | Yrs. |  |
| Union          | Yrs. |  | Front End Loader | Yrs. |  | Welder           | Yrs. |  |
| Top Man        | Yrs. |  | Dozer            | Yrs. |  | Project Manager  | Yrs. |  |
| Bottom man     | Yrs. |  | Skid steer       | Yrs. |  | Project Engineer | Yrs. |  |
| Pipe layer     | Yrs. |  | Motor Grader     | Yrs. |  | Estimator        | Yrs. |  |
| Foreman        | Yrs. |  | Truck Driver     | Yrs. |  | Other            | Yrs. |  |
| Superintendent | Yrs. |  | Lowboy           | Yrs. |  |                  |      |  |

**Please answer the following:**

|  |     |    |                                     |  |
|--|-----|----|-------------------------------------|--|
| Have you worked with trench shields/boxes?                                 | Yes | No | If so, number of years' experience  |  |
| Can you accurately set up lasers?  | Yes | No | If so, number of years' experience  |  |
| Can you read plans accurately?   | Yes | No | If so, number of years' experience. |  |
| Do you have the required license(s) for the position you are applying for? | Yes | No | Type of Driver's License? A, B, D?  |  |

List any additional information or qualifications that you feel may be helpful to us in considering your application.

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**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

| Name | Phone Number | Best Time To Call | Occupation |
|------|--------------|-------------------|------------|
| 1.   |              |                   |            |
| 2.   |              |                   |            |
| 3.   |              |                   |            |

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

We use E-Verify to validate your ability to work legally in the United States.

Minorities and females are encouraged to apply.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# AFFIRMATIVE ACTION FORM

Employees are treated during the hiring process and employment without regard to race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and *are not* a part of your Application for Employment or personnel file. Please note:

**YOUR COOPERATION IS VOLUNTARY.** Inclusion or exclusion of any data will not affect any employment decision.

Position for which you are applying \_\_\_\_\_

## Ethnic Origin

- |                          |                               |                          |                                |
|--------------------------|-------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | White, Not of Hispanic Origin | <input type="checkbox"/> | Asian or Pacific Islander      |
| <input type="checkbox"/> | Black, Not of Hispanic Origin | <input type="checkbox"/> | American Indian/Alaskan Native |
| <input type="checkbox"/> | Hispanic                      | <input type="checkbox"/> | Other                          |

**Gender**       Male                                       Female

## Veteran Status

Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era?       YES     NO

Are you a disabled veteran?     YES     NO

Other qualifying veteran: \_\_\_\_\_  
Qualification: \_\_\_\_\_                                      Dates: \_\_\_\_\_

## Disability

Do you have a disability or any physical condition which may limit your ability to perform the position for which you have applied?       YES     NO

Do you request that S.R. Weidema, Inc., consider any special arrangements to accommodate this condition?       YES     NO

If yes, please describe the job-related functional limitations that result from the impairment and any special accommodation or method or procedures, which would allow you to perform the duties of the position for which you are otherwise qualified.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name      Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature