

**EMPLOYMENT APPLICATION**

<b>POSITION</b>	<b>SPECIFIC POSITION BEING APPLIED FOR - CHECK ONLY ONE POSITION.</b> List other skills on back in remarks section.				TODAY'S DATE	
	<input type="checkbox"/> LABORER <input type="checkbox"/> MECHANIC/OILER <input type="checkbox"/> CRUSHER/HOT PLANT <input type="checkbox"/> FOREMAN <input type="checkbox"/> OPERATOR <input type="checkbox"/> TRAFFIC CONTROL <input type="checkbox"/> SECURITY <input type="checkbox"/> CLERK/SECRETARY** <input type="checkbox"/> TRUCK DRIVER <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> SURVEYING <input type="checkbox"/> OTHER _____				JOB LOCATION APPLYING FOR WORK	
<b>IDENTIFICATION</b>	NAME IN FULL (First, Middle, Last)					
	CURRENT MAILING ADDRESS (Street/PO Box, City, State, Zip Code)				HOW LONG AT CURRENT ADDRESS?	
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE NUMBER		OTHER CONTACT PHONE NO.	
COMPLETE THE INFORMATION REQUESTED BELOW FOR THE LAST THREE JOBS YOU HAVE HELD, MOST RECENT JOB FIRST						
<b>EMPLOYMENT HISTORY</b>	COMPANY NAME		ADDRESS (City, State)		PHONE NO.	
	SUPERVISOR'S NAME		TYPE OF WORK		RATE OF PAY	
	COMPANY NAME		ADDRESS (City, State)		DATES EMPLOYED (Month/Year) From:      To:	
	SUPERVISOR'S NAME		TYPE OF WORK		REASON FOR LEAVING EMPLOYMENT	
	COMPANY NAME		ADDRESS (City, State)		PHONE NO.	
	SUPERVISOR'S NAME		TYPE OF WORK		RATE OF PAY	
	COMPANY NAME		ADDRESS (City, State)		DATES EMPLOYED (Month/Year) From:      To:	
	SUPERVISOR'S NAME		TYPE OF WORK		REASON FOR LEAVING EMPLOYMENT	
	HAVE YOU EVER WORKED FOR JAMES HAMILTON CONSTRUCTION CO. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE INFORMATION REQUESTED BELOW (Do not complete if information is already listed above.)					
	SUPERVISOR'S NAME		TYPE OF WORK		REASON FOR LEAVING	
					DATES EMPLOYED (Month/Year) From:      To:	
	<b>ADDITIONAL INFORMATION</b>	HAVE YOU HAD SPECIALIZED CONSTRUCTION TRAINING OR MSHA NEW MINER TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:				
DO YOU HAVE ANY SPECIAL QUALIFICATIONS FOR THE SPECIFIC POSITION YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:						
TYPE OF DRIVERS LICENSE <input type="checkbox"/> OPERATOR <input type="checkbox"/> COMMERCIAL (CDL)		STATE LICENSE ISSUED BY		DRIVERS LICENSE NUMBER		
DRIVERS LICENSE CLASS		IF A COMMERCIAL (CDL) DRIVERS LICENSE, CHECK ALL ENDORSEMENTS YOU HAVE. <input type="checkbox"/> TANKERS <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> PASSENGERS <input type="checkbox"/> DOUBLES				
HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:						
WOULD YOU RELOCATE TO OTHER COMPANY JOB SITES AWAY FROM THIS AREA IF THE COMPANY REQUESTED YOU TO TRANSFER?					TOTAL YEARS OF CONSTRUCTION EXPERIENCE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO						
CAN YOU SAFELY AND PRODUCTIVELY PERFORM EACH OF THE FOLLOWING ESSENTIAL REQUIREMENTS OF THIS JOB (CONSTRUCTION WORK)?						
<b>** IF APPLYING FOR A CLERICAL POSITION, DO NOT COMPLETE THIS SECTION.</b>						
<input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU WORK SAFELY IN RUGGED TERRAIN NEAR HEAVY EQUIPMENT, MACHINERY, TRAFFIC, OTHER EMPLOYEES, ETC.?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU HEAR ONCOMING TRAFFIC, MOVEMENT OF EQUIPMENT, BACK-UP SIGNALS, VERBAL INSTRUCTIONS, ETC.?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU DIG WITH A SHOVEL, LIFT ITEMS WEIGHING 75 LBS., BEND AND/OR SQUAT DOWN TO LOCATE PIPE OR OTHER MATERIALS IN PLACE, ETC.?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU SAFELY WORK FULL DAYS EXPOSED TO THE WEATHER IN THE HEAT OF SUMMER OR THE COLD OF WINTER WHILE PERFORMING MANUAL LABOR?				
IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PROVIDE SPECIFIC DETAILS IN REMARKS SECTION ON REVERSE SIDE OF APPLICATION.						
COMPLETE THE QUESTIONS BELOW. IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PROVIDE SPECIFIC DETAILS IN REMARKS SECTION ON REVERSE SIDE.						
<input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN CONVICTED OF DRIVING WHILE INTOXICATED, RECKLESS OR CARELESS DRIVING IN THE LAST 5 YEARS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN CONVICTED OF A FELONY OR HIGH-CLASS MISDEMEANOR OR INCARCERATED IN THE LAST 5 YEARS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU CURRENTLY ABUSE ALCOHOL OR CONSUME IT EXCESSIVELY ON A REGULAR BASIS, OR DO YOU USE ILLEGAL DRUGS OR LEGALLY CONTROLLED SUBSTANCES?				
NOTE: ALL NEW HIRES MUST PASS A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST IF REQUIRED. ALL EMPLOYEES ARE SUBJECT TO RANDOM DRUG AND ALCOHOL TESTING						



PROVIDE DETAILS FOR REQUESTED INFORMATION. IN ADDITION, PROVIDE ANY INFORMATION YOU FEEL WOULD HELP US EVALUATE YOUR WORK CAPABILITY.

REMARKS

(If additional space is required, attach information on a separate piece of paper)

**The following is a summary of significant conditions of employment with James Hamilton Construction Co. Read each item carefully---any infraction of these rules may be cause for termination of employment at the sole discretion of the Company.**

This application and related employment documentation are valid for employment with James Hamilton Construction Co. The term "Company" refers to the above-mentioned employer.

The Company often subcontracts with other contractors for work and the contract requires information regarding the Company's employees. I understand and agree that the Company may provide these contractors with any and all information required by the contractor, including but not limited to drug tests, driving records, employment application, safety violations, arrests, convictions or other law enforcement action, etc.

As a condition of employment I am required to submit to a drug and alcohol test. Passing the test does not guaranty employment. If the drug and alcohol test indicates drug use or an alcohol level exceeding the permissible limit, consideration for employment, or continued employment will immediately cease. The Company routinely conducts periodic drug and alcohol testing of employees. Refusal to submit to a drug and alcohol test during the course of my employment with the Company may result in disciplinary action, up to and including termination of employment.

I may be required to provide the Company with a current certified copy of my driving record before being hired. I also authorize the Company to periodically obtain copies of my driving record throughout the course of my employment with the Company. I understand that my current driving record may disqualify me from consideration for employment with the Company. If employed, I must immediately notify the Company if I receive a moving traffic violation. I also understand that I may be subject to disciplinary action, up to and including termination of employment if the violation, in the sole determination of the Company, exhibits unsafe driving practices which would not be consistent with providing a safe work environment.

I will be required to comply with all Company safety policies to ensure a safe and productive work environment. I will also be required to comply with all applicable federal and state regulations (OSHA, MSHA, EPA, etc.) I will also be required to comply with all rules and policies of the Company governing the conduct of its employees, including, but not limited to, policies prohibiting the use or possession of legally controlled substances, alcoholic beverages, firearms or weapons during working hours, at any Company work site or facility, or at any time while operating a Company-owned vehicle. Performance of any work while under the influence of legally controlled substances or alcohol is not permitted.

I authorize and release from liability the Company and/or its agents to investigate and/or verify any information as may be required in the employment process at any time and release information as needed to other parties, including, but not limited to, criminal history, motor vehicle driving records, employment history, educational history, etc. I authorize all persons, educational institutions, previous employers, law enforcement authorities, etc., to release any information concerning my background and hereby release such persons from any liability for any damage whatsoever for issuing this information. I agree that my employment is based upon the facts that I have given, and that any misrepresentation on my part, whether negligent or intentional, may be cause for discipline up to and including termination of employment, at the sole discretion of the Company. I understand that I will be required to complete the Department of Homeland Security Form I-9 Employment Eligibility Verification Form, and produce the required forms of identification within three (3) days of hire as a condition of my employment.

I agree that employment with the Company will be "At Will." This means that my employment with the Company will not be for any specific period of time, and that my employment may be terminated at any time, with or without cause, and with or without notice. I understand that no person or Company employee, other than the President of the Company in a formal written employment agreement, may make any express or implied contract to the contrary.

**I certify that I have read each of the above items and agree to be bound by these conditions for the duration of employment with the Company.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

DATE

ACTIONS TAKEN

RECEIVED BY

DATE

LOCATION

JOB NO.

STREET SMARTS APPLICANT #

ENTERED BY

# Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with James Hamilton Construction Co, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to James Hamilton Construction Co or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment with James Hamilton Construction Co **commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

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**Full Legal Name (include middle initial) – Please print**

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**Drivers License Number**

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**Date of Birth**

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**State Issued**

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**Signature**

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**Date**

## Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

☐ MALE      ☐ FEMALE      ☐ I CHOOSE NOT TO SELF-IDENTIFY

☐ WHITE (not Hispanic or Latino)      ☐ BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

☐ HISPANIC OR LATINO      ☐ ASIAN (not Hispanic or Latino)

☐ AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

☐ NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

☐ TWO or MORE RACES (not Hispanic or Latino)

☐ I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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 veterans in the following classifications:

- 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 Veterans 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](#).

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 IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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.<sup>1</sup> 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  
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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.

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<sup>i</sup> 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](http://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.

## VOLUNTARY INFORMATION SHEET

***This information is voluntary and will be kept confidential. It is not used in hiring or termination decisions or in determining terms and/or conditions of employment. It is used to comply with the Office of Federal Contract Compliance Program (OFCCP) Guidelines [(Executive Order 11246 and 41 CFR 60-4.3,7(c)). For definitions of the race/ethnic categories, please see reverse.***

### MARK THE BOXES BELOW WHICH PERTAIN TO YOU:

- ❖ Gender: ☐ Male ☐ Female
- ❖ Are you Hispanic or Latino? ☐ Yes ☐ No (if no please mark one box below)
- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or More Races - Please specify \_\_\_\_\_
- ❖ ☐ I prefer not to provide this information and understand this will not affect any decisions regarding my employment. *If you are hired and choose not to self-identify, a visual observation will be made according to OFCCP Guidelines.*

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

White Copy - Send to Main Office (only if applicant is hired)

Yellow Copy - Keep with Application Logs

Voluntary Information 7 9