

This application is valid for the position(s) listed on the application. Void after 60 days.



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, marital, veteran, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For: _____ Application Date: _____

Referral Source: Advertisement Friend Website
 Government Employment Agency Private Employment Agency Employee Other

NAME OF SOURCE (If Applicable) : _____

Last Name:	First Name:	Middle:
Street Address:		Do you have a valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	County:	Driver's License Number:
State:	ZIP Code:	Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:	Social Security Number:	Endorsements? Please List:

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No
 i. (If Yes, Give Date) _____

Have you ever been employed with us before?? Yes No
 ii. (If Yes, Give Date) _____

Are you currently employed? Yes No

Are you presently authorized to work in the U.S. on a full-time basis? (Proof of eligibility required) Yes No

Pay expected: _____

On what date would you be eligible for work? _____

Could you work overtime or on weekends or holidays? Yes No

Are you currently on layoff status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the past 7 years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)
 If yes, explain: _____

EDUCATION: (Circle highest level completed.):

GRADES: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

High School: _____ City, State: _____

Did you receive a diploma? _____ Dates Attended? _____ Do you have a GED? _____

College/University: _____ City, State: _____

Dates Attended: _____ Degree or diploma: _____

Trade or Technical Training _____ City, State: _____

Dates Attended: _____ Degree or diploma: _____

EMPLOYMENT HISTORY: List your current and ALL prior employers. Start with your present or most recent job, moving backward 5 years. Include any military service, part-time or volunteer activities. **Use a separate sheet if necessary** to complete all of this information for each employer. A resume will not be considered.

Current or Most Recent Employer:		Telephone Number:	Full-Time <input type="checkbox"/>	Other:
Address:		Employment Dates: From: _____ To: _____		
City:	State:	Duties:		
Job Title:				
Supervisor:		Starting Pay: \$ _____ Final Pay: \$ _____		
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				
Employer #2:		Telephone Number:	Full-Time <input type="checkbox"/>	Other:
Address:		Employment Dates: From: _____ To: _____		
City:	State:	Duties:		
Job Title:				
Supervisor:		Starting Pay: \$ _____ Final Pay: \$ _____		
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				
Employer #3:		Telephone Number:	Full-Time <input type="checkbox"/>	Other:
Address:		Employment Dates: From: _____ To: _____		
City:	State:	Duties:		
Job Title:				
Supervisor:		Starting Pay: \$ _____ Final Pay: \$ _____		
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				

ADDITIONAL INFORMATION

SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

State any additional information you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? : Yes No

PERSONAL REFERENCES (Not Relatives or Former Employers)

Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

DATE: _____

Position(s) applied for: _____

Referral Source:

- Advertisement
- Employment Agency
- Employee
- School
- Relative
- Other
- Walk-in

NAME OF SOURCE (if applicable) _____

Applicant Name: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with government record keeping, reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of the official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: Male Female

RACE/ETHNICITY

Are you Hispanic or Latino? YES NO

If you answered "NO" above, please identify your ethnicity below:

- White
- Black or African American
- Asian
- I do not wish to disclose this information.
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN
- DISABLED VETERAN
- HANDICAPPED INDIVIDUAL

To be completed by applicant – NOT for interview purposes – To be filled out separately from application. This information issued to satisfy the affirmative action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.



**FCRA FORM
DISCLOSURE TO APPLICANT/EMPLOYEE and
CONSENT TO CONSUMER BACKGROUND INVESTIGATION**

In connection with your Application for Employment/continued employment, we may conduct an investigation into your consumer credit history, character, general reputation, personal characteristics, driving record(s), and/or mode of living, including criminal records, by obtaining a consumer report from one or more consumer reporting agencies, including credit reporting agencies. The purpose of this notice is to make you aware of this investigation and to explain your rights regarding this investigation, in accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, 15 U.S.C. {1681-1681u (the "Act").

1. The consumer information obtained will be used only for the permissible purpose of verifying your suitability for employment or for continued employment at Dunn Roadbuilders, LLC or one of its subsidiaries ("the Company"), and not for any other purpose. It will not be used in violation of any federal, state or local equal employment opportunity law or regulation.
2. You are entitled to learn the nature and substance of the information in your consumer report which the Company receives, by sending a written request to the Human Resources Coordinator, in the Human Resources Department. The information will be provided within 10 business days of receipt of your request.
3. If you are denied employment or continued employment because of your consumer report, the Company will provide to you: (a) a copy of your report, and (b) a written description of your rights under the Act, including your right, within 60 days of the Company's decision, to obtain a free copy of your consumer report from the consumer reporting agency.
4. Please read the following consent form carefully. If you consent to this investigation, sign where indicated. Upon request, you will be given a copy of this consent for your records.

CONSENT TO CONSUMER BACKGROUND INVESTIGATION

I consent to an investigation by and authorize the Company or any person or consumer reporting agency it may employ for this purpose, to obtain my consumer report, including my credit history, character, general reputation, personal characteristics, driving record and/or mode of living, including any criminal records. I release the Company its employees, and any and all such persons and consumer reporting agencies contacted from any and all liability for any damage flowing from the disclosure of this information and the Company's actions taken thereon.

Signature

Printed Name

Date

PLEASE READ CAREFULLY

I certify that the information in this application is true and complete to the best of my knowledge and that I have withheld no information requested. I understand that any misleading or incorrect statement or response may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response is discovered.

I agree to submit myself, whenever requested by the Company, to a physical examination by medical personnel designated by the Company and to testing for the presence of alcohol and other drugs or substances by medical personnel designated by the company. I understand and agree that any positive test result or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment.

I acknowledge that the Company reserves the right to inspect all property (including computer equipment, vehicles, purses, lockers, desks, lunch boxes, packages, and other containers) on the Company's premises and jobsites and, if employed, I agree to allow and to cooperate with such inspections as a condition of continued employment. I understand that, if employed, the Company and its employees may, from time to time, monitor my performance and activities during working time or while I am on Company property or jobsites, by electronic, video and/or voice transmittal and receiving equipment and telephonic monitoring devices. The Company has my permission to engage in such monitoring and I fully release and hold harmless the Company, its officers, employees and agents of any claim or complaint and damages whatsoever that I may have against them relating, directly or indirectly, to this monitoring activity.

I further acknowledge and understand that, if I am employed, I do not have a contract of employment with the Company. The Company may make changes in employment policies, benefits, practices, and procedures with or without notice and with a retroactive effect. I further understand and agree my employment is at-will, that it is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me. I understand that no representative of the Company, other than the Chief Executive Officer, has any authority to make any promises concerning my employment or to make any agreement contrary to the foregoing, and then only by a written individual employment agreement, signed by the Chief Executive Officer.

I understand the Company's receipt of this application does not entitle me to employment. This application for employment will be considered only for the position(s) specifically applied for, and will become void and n longer will be considered after 60 calendar days from the date of this application. At the conclusion of that time, if I have not been notified that I have been hired, I understand that I must submit a new application in order to be considered for employment.

Applicant Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Application Accepted By

Date

_____ Date Employed	_____ Job Assigned	_____ Occupational Category
_____ Rate	_____ Insurance Code	_____ Hired By