

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

NAME: (First) _____ (Last) _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

POSITION APPLYING FOR: _____

Do you understand that an offer of employment and your continued employment are contingent upon satisfactory proof of your authorization to work? Yes _____ No _____

Please list previous construction experience, starting with your most recent job:

Position/Title	Type of Work Performed	Employer Name/Address	Employer Phone #	Dates of Employment From:	To:

Please list at least three work-related references:

Name	Relationship	Employment/Company	City /State	Phone #

I certify the above information to be true and correct to the best of my knowledge:

Applicant's Signature

Date

Authorization for Alcohol and Drug Testing and Reference Checking

I understand that the satisfactory completion (negative results) of an alcohol and drug test may be a condition for employment with C-2 Construction Inc. My signature indicates my willingness to undergo and consent to any and all alcohol and drug tests administered by the company or it's agents at any time within the policies and procedures of the company regarding alcohol and drug abuse. My signature also authorizes the company to obtain verbal and written job performance information from my past employers. In addition, my signature authorizes C-2 Construction to obtain criminal and medical history information related to alcohol and drug use from my past employers, law enforcement authorities, medical practitioners, and other individuals.

Applicant's Signature

Date

SELF-IDENTIFICATION FORM

Section I: Self-Identification For Disabled

C-2 Construction, Inc. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals. If you are disabled and would like to be considered under the affirmative action program, please complete the information below. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary action. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals, and regarding necessary accommodations, (2) first-aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) a government official investigating compliance with the act shall be informed.

The Rehabilitation Act of 1973, as amended, defines a disabled individual for the purposes of the program as any person who has a physical or mental impairment that substantially limits one or more of such person's major life activities, has a record of such impairment or is regarded as having such an impairment.

If you are disabled and wish to be included under the affirmative action program, please assist us by describing:

- a. Any special methods, skills, and procedures that qualify you for positions you might not otherwise be able to do because of your disability so that you will be considered for positions of that type, and
- b. Any accommodations that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

Name: _____

Position for which you are applying OR positions held at the company: _____

Disability: _____

Comments: _____

Section II: Self-Identification For Disable Veterans & Veterans of the Vietnam Era

C-2 Construction, Inc. is a government contractor subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era. If you are a disabled veteran or a veteran of the Vietnam era and would like to be considered under the affirmative action program, please complete the information below. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary action. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations, (2) first-aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) a government official investigating compliance with the act shall be informed.

Disabled Veterans: Persons entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Veterans of the Vietnam Era: Persons who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge.

Name: _____

Dates of Military Service: _____

Department: _____

Disability: _____ Percentage of Disability: _____