



Application For Employment

ALL NEW HIRES TESTED FOR ILLEGAL DRUGS

Please print. Provide all applicable information.

Date: _____

Name: _____
Last First Middle Maiden

Current Address: _____
Number Street City State Zip

How long at Address: _____

Previous Address: _____
Number Street City State Zip

How Long at Address: _____ Social Security No.: _____-_____-_____ Telephone: (____) _____

Date of Birth: ____-____-____ Place of Birth: City/State: _____ Under 18, List Age: _____

Position Applying For: _____ Salary Desired: _____

Have you worked for this company before? Yes No When can you start? _____

Name(s) of friend(s) or relative(s) who presently work for this company:

How many hours can you work weekly? _____ Can you work nights? Yes No

Employment Desired: Full-Time Only Part-Time Only Full- or Part-Time

Days/Hrs. available to work: No. preference _____
Thurs. _____ Mon. _____ Tues. _____ Wed. _____
Fri. _____ Sat. _____ Sun. _____

Have you ever been bonded? Yes No
If yes, please explain: _____

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Military Experience:

Have you served in the military? Yes No Which Branch? _____

Specialty: _____ Date Entered: _____ Discharge Date: _____

Military Commitment: Do you have a military commitment, including the National Guard that would influence your work schedule? Yes No

If yes, explain: _____

Driving Experience:

Do you have a Driver's License? Yes No Operator Commercial (CDL) Chauffeur

Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

Driver's license restrictions? Yes No If Yes, List: _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

By signing below, if hired you authorize G&M Services to periodically check your driving record.

Signature: _____ Date: _____

Educational Experience:

List last three (3) schools you attended, beginning with the most recent

<u>Type of School</u>	<u>Name of School and Address</u>	<u>Years Completed</u>	<u>Major or Degree</u>
Elementary: _____	_____	_____	_____
High School: _____	_____	_____	_____
College: _____	_____	_____	_____
Business or Trade: _____	_____	_____	_____
Professional School: _____	_____	_____	_____

References:

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

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Work Experience:

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the name of firm. Attach additional sheets if necessary.

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Supervisor: _____ Reason for Leaving: _____

Employment Dates: From: _____ To: _____ Salary: Start: _____ Final: _____

Position/Job Title: _____

May we contact your present employer? Yes No

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Supervisor: _____ Reason for Leaving: _____

Employment Dates: From: _____ To: _____ Salary: Start: _____ Final: _____

Position/Job Title: _____

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Supervisor: _____ Reason for Leaving: _____

Employment Dates: From: _____ To: _____ Salary: Start: _____ Final: _____

List jobs you held, duties performed, skills used or learned, and advancements or promotions.

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General:

Have you ever held office or been part of a union? Yes No

If yes, explain: _____

List any foreign language(s) you speak and check your level of familiarity.

_____ Speak some Speak fluently Read Write

_____ Speak some Speak fluently Read Write

Emergency Contact Information:

Contact 1: _____
Last First Middle

Address: _____

_____ City State Zip

Relationship: _____

Home phone: (____) _____

Work Phone: (____) _____

.....
Contact 2: _____
Last First Middle

Address: _____

_____ City State Zip

Relationship: _____

Home phone: (____) _____

Work Phone: (____) _____

.....
By signing below, you are acknowledging that all information contain within this application is true and correct to the best of your knowledge.

Signature: _____

Date: _____



Job Applicant Rating

Office Use Only:

Applicant: _____

Position: _____

Company Position is for: Concrete Operations Life Safety Operations Administration

Other Skills: _____

Use the following scale to rate applicant's qualifications:

- | | | | |
|------------------|-------------------|---------------------|-------------------|
| (5) Excellent | (4) Above Average | (3) Fully Qualified | (2) Below Average |
| (1) Unacceptable | (0) Unobserved | | |

- | | |
|--------------------------|---------------------------|
| ____ Education | ____ Integrity |
| ____ Experience | ____ Interpersonal Skills |
| ____ Attention to Detail | ____ Learning Ability |
| ____ Cooperation | ____ Stress Tolerance |
| ____ Initiative | ____ Verbal Communication |

Overall:

- | | | | | |
|------------------|-------------|-----------------|-----------|------------------------------|
| ____ Exceptional | ____ Strong | ____ Acceptable | ____ Weak | Totally
____ Unacceptable |
|------------------|-------------|-----------------|-----------|------------------------------|

Recommendation:

- ____ Hire ____ Reject ____ Other: _____
- _____
- _____
- _____
- _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.¹ 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

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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.

ⁱ 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.

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.

Auto-Identificación Voluntaria de Discapacidad

Formulario CC-305
Numero de Control OMB 1250-0005
Vence el 31/1/2020
Página 1 de 2

¿Por qué se le está pidiendo que complete este formulario?

Debido a que nosotros hacemos negocios con el gobierno, tenemos que acercarnos, contratar y proporcionar igualdad de oportunidades a personas calificadas con discapacidad.¹ Para ayudarnos a medir que tan bien lo estamos haciendo, le estamos pidiendo que nos diga si usted tiene alguna discapacidad o si alguna vez tuvo alguna discapacidad. Completar este formulario es voluntario, pero esperamos que usted elija hacerlo. Si usted está solicitando un empleo, cualquier respuesta que usted proporcione se mantendrá confidencial y no será utilizada en su contra de ninguna manera.

Si usted ya trabaja para nosotros, su respuesta no será utilizada en su contra de ninguna manera. Debido a que una persona puede convertirse en discapacitada en cualquier momento, estamos obligados a solicitar a todos nuestros empleados que actualicen su información cada cinco años. Usted puede voluntariamente identificar que tiene alguna discapacidad en este formulario sin temor a ningún castigo porque no identificó que tenía alguna discapacidad antes.

¿Cómo puedo saber si tengo una discapacidad?

Se considera que usted tiene una discapacidad si usted tiene un impedimento físico o mental o una condición médica que limita sustancialmente alguna actividad importante de la vida, o si usted tiene un historial o registro de tal impedimento, o condición médica.

Las discapacidades incluyen, pero no se limitan a:

- | | | | |
|-----------|----------------------|---|--|
| Ceguera | • Autismo | • Trastorno bipolar | • Trastorno de estrés postraumático (TEPT) |
| Sordera | • Parálisis cerebral | • Depresión aguda | • Trastorno obsesivo-compulsivo |
| Cáncer | • VIH/SIDA | • Esclerosis múltiple (EM) | • Deficiencias que requieren el uso de una silla de ruedas |
| Diabetes | • Esquizofrenia | • Ausencia de extremidades o Ausencia parcial de extremidades | • Discapacidad intelectual (antes llamado retraso mental) |
| Epilepsia | • Distrofia muscular | | |

Favor marcar una de las casillas siguientes:

SÍ, TENGO UNA DISCAPACIDAD (o he tenido una discapacidad)

NO, NO TENGO NINGUNA DISCAPACIDAD

NO DESEO CONTESTAR

Su Nombre

Fecha del día de Hoy

Auto-Identificación Voluntaria de Discapacidad

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Notificación de Ajustes Razonables

La ley federal requiere que los empleadores proporcionen ajustes razonables a personas calificadas con discapacidades. Favor díganos si usted necesita algún ajuste razonable para solicitar un empleo o para desempeñar su trabajo. Ejemplos de ajustes razonables incluyen hacer un cambio en el proceso de aplicación o los procedimientos de trabajo, proporcionar los documentos en un formato alternativo, el uso de un intérprete de lenguaje de signos, o el uso de equipo especializado.

¹ Sección 503 de la Ley de Rehabilitación de 1973, y sus modificatorias. Para obtener más información acerca de este formulario o sobre las obligaciones de igualdad en el empleo de contratistas federales, visite la página web de la Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP, por sus siglas en inglés) del Departamento de Trabajo de los EE.UU. www.dol.gov/ofccp.

DECLARACIÓN PÚBLICA OBLIGATORIA: De acuerdo con la Ley de Reducción de Trámites de 1995 ninguna persona está obligada a responder a una solicitud de información a menos que la misma muestre un número de control OMB válido. Esta encuesta debe tomar alrededor de 5 minutos para ser completada.

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor 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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. 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.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an *Am I a Protected Veteran?* infographic provided by OFCCP.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO ANSWER

Your Name

Today's Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

- 1) 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.
- 2) A “recently separated veteran” means any veteran during the three years beginning on the date of the veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- 3) 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.
- 4) 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.