

# MCCABE CONSTRUCTION, INC.

**3101 ALPINE ROAD**

**EAU CLAIRE, WI 54703**

## **APPLICATION FOR EMPLOYMENT**

Please provide complete and legible information. An incomplete application may affect your consideration for employment with McCabe Construction, Inc. (the "Company"). If necessary, attach a separate sheet of paper containing any additional information pertaining to the questions on this application.

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, ancestry, color, national origin, religion, creed, sex, age, physical or mental disability, veteran or military status, genetic information, honesty testing, pregnancy or childbirth, sexual orientation, gender, marital status, arrest or conviction record, use or nonuse of lawful products off the Company's premises during nonworking hours or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act, as amended, and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Company. Please inform the Company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle \_\_\_\_\_

Type of Work/Position Desired: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Applying For:  Full-Time  Part-Time  Seasonal

Are you able to work overtime, different shifts and weekends:  Yes  No

(If no, please explain: \_\_\_\_\_)

Date Available for Work: \_\_\_\_\_

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## PERSONAL INFORMATION

First Name

Last Name

Middle

Address

City

State

Zip

Telephone Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?  Yes  No

*(Please note, if hired, verification will be required consistent with federal law)*

Are you at least 18 years old?  Yes  No

*(If no, you may be required to provide authorization to work)*

Are there any other names under which you have worked or attended school?  Yes  No

If yes, please list for reference checking purposes: \_\_\_\_\_

How were you referred to the Company? \_\_\_\_\_

## EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. Equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work-related certifications or licenses you currently possess: \_\_\_\_\_

## BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position?

Yes       No

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a crime other than moving traffic violations?

Yes       No

If yes, please complete the following. Attach additional sheets as necessary.

**(A conviction record will not necessarily be a bar to employment)**

Conviction: \_\_\_\_\_ County, State: \_\_\_\_\_ Date: \_\_\_\_\_

Do you currently have any criminal charges pending against you?       Yes       No

If yes, please complete the following. Attach additional sheets as necessary.

**(Pending criminal charges will not necessarily be a bar to employment)**

Pending Charge: \_\_\_\_\_ County, State: \_\_\_\_\_ Date: \_\_\_\_\_

Have you signed or otherwise agreed to any nonsolicitation, noncompete, nondisclosure, or other similar agreements with any prior employer?       Yes       No

If yes, please explain: \_\_\_\_\_

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## EMPLOYMENT RECORD

List all employment experience for the past **10 years**, starting with the most recent or present employer. Please include U.S. Military Service. Please use a separate section for each position held and describe in detail all work experience including periods of unemployment. Please attach additional sheets of paper if needed. **Resumes will not be accepted in lieu of completing the following employment information.**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Position Held/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed:      *From* \_\_\_\_\_      *To* \_\_\_\_\_

Salary:      *Starting* \_\_\_\_\_      *Final* \_\_\_\_\_

Was the departure  voluntary or  involuntary? Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

May we contact?       Yes       No

Were you subject to the Federal Motor Carrier Safety Regulations while employed?       Yes       No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?       Yes       No

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Job Position Held/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Was the departure  voluntary or  involuntary? Reason for Leaving: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

May we contact?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No

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Address: \_\_\_\_\_

Job Position Held/Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

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Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

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May we contact?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No

## PROFESSIONAL REFERENCES

Please list three professional references (other than those listed as current/former supervisor(s) that we may contact:

Name	Telephone	Relationship to You

Have you applied to work with this company before?  Yes  No

Have you worked for this company before?  Yes  No

If yes, at what location? \_\_\_\_\_ Job Title: \_\_\_\_\_

## ADDITIONAL COMMENTS

Please list any additional information that you would like us to consider:

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## DRIVER'S APPLICATION FOR EMPLOYMENT QUESTIONS

If you are applying for a driver sensitive position, please answer all questions below.

List your addresses of residency for the past 3 years (Attach sheet if additional space is needed):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long?

Can you Provide proof of age?  Yes  No

Date of Birth (Required for Commercial Driver)

Social Security Number (Required for Commercial Driver)

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Type/Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

If not listed previously in this application attach sheet with a list of the names and addresses of your employers during the 10-year period preceding the date of this application for which you were an operator of a commercial motor vehicle, together with the dates of employment and the reason for leaving such employment.

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## DRIVER'S APPLICATION FOR EMPLOYMENT QUESTIONS

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX.NO.OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
DUMP TRUCKS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
 B. Has any license, permit or privilege ever been suspended or revoked? Yes  No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

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## ACKNOWLEDGEMENT

I understand that the Company is not making an employment offer to me at this time. I hereby certify that I have disclosed all information that is relevant and that should be considered applicable to my candidacy for employment, and that all such information in this application was completed by me and all entries and information is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in this application, or in my other application materials or during the interview process, may be grounds for my disqualification from further consideration for employment with the Company or termination of my employment, if employed.

I authorize the Company and its representatives to investigate the responses that I have provided on this application, and to contact any company, individual, or other entity that it deems appropriate for purposes of verifying any of the information that I have provided on this application or in my application materials. I authorize all contacted companies, individuals, and/or other entities to provide any information concerning this application for employment, and I waive any right to bring a cause of action against such companies, individuals, and/or entities for any and all liability for damages arising from furnishing such information.

I understand that, where permissible by applicable state and local law, I may be subject to a pre-employment criminal background check and/or drug test after receiving a conditional offer of employment. I understand that the Company will comply with state and federal laws in considering information obtained from a criminal background check and drug test. By signing below, I hereby authorize the Company to conduct a criminal background check and/or require a drug test.

I further understand that, if I am hired, I am required to abide by all rules, policies and procedures of the Company. I also understand that the Company's rules, policies and procedures are subject to modification without notice to me.

This application will be active for 30 days following the Company's receipt. By signing below, I acknowledge that if I wish to be considered for future employment opportunities at the Company after the 30-day period, I must complete and submit a new application.

I understand that employment with the Company is contingent upon my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I further understand that, if I am hired by the Company, my employment with the Company will be "at-will" and may be terminated by either myself or the Company at any time, with or without cause or notice. I understand that this employment application is not a contract or a guarantee of employment with the Company. I understand that only the Company's President has authority to enter into any agreement modifying the at-will nature of my employment. Any such agreement must be in writing and signed by the Company's President.

Signature: \_\_\_\_\_

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