



# APPLICATION FOR HOURLY EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER - MFDV

6225 N Co Rd 75 E  
Orleans, Indiana 47452

TO APPLICANT: You may exclude all information you feel indicative of age, sex, race, religion, color, national origin or physical disability.

Date:
Position Desired:
Hire Date:

<b>Personal Data</b>	Name: Last: _____ First: _____ MI: _____				
	Address: Street: _____ City: _____ State: _____				
	Other Address: _____				
	Date of Birth: (391.21 (b) 20 Required for persons applying for <b>driving position only</b> .) _____				
	Address for the past three years:	Street: _____	City: _____	State: _____	Zip: _____ How Long? _____
		Street: _____	City: _____	State: _____	Zip: _____ How Long? _____
	If applying for a DOT position, are you 21 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Telephone Numbers: Day: _____ Evening: _____		U.S. Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes give: Branch: _____			
(If no phone, how can you be reached?) _____		Service Dates: _____			
<b>Employment Information</b>	Position for which you are applying: _____		Wage Expectation: _____	Date Available: _____	
	Expand on the type of work you prefer: _____				
	Referral Source: Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> _____				
	Have you ever been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____				
	What location and company? _____				
	Have you filed an application here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____				
	What location and company? _____				
	Would you work other than full-time? Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>				
If clerical applicant: Can you type? Yes <input type="checkbox"/> No <input type="checkbox"/> WPM: _____		Have you been convicted of federal, state, county, or municipal law, regulation, or ordinance including court martials while in service but excluding misdemeanors, traffic violations, and similar offenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the facts, circumstances, & rehabilitation: _____			
What office machines can you operate? _____					
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>General Skills and Education</b>	Grade	Name of School	City and State	Diploma or Degree Received	
	Elementary	_____	_____	_____	
	High School	_____	_____	_____	
	College	_____	_____	_____	
	Other	_____	_____	_____	
	Describe course of study and list any technical or specialized skills, training or licenses held: _____				

To APPLICANT: As a government contractor we are subject to (1) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires us to take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam era, and (2) Section 503 of the Rehabilitation Act of 1973 (including the ADA of 1990) which requires us to take affirmative action to employ and advance employment of qualified handicapped individuals. If you have a situation which is covered underneath one of these Affirmative Action Programs and would like to be considered under the program, please tell us. This information is voluntary and refusal to provide it will not affect consideration. Information obtained concerning individuals shall be kept confidential, except that, if employed, (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed. In order to assure proper placement of all employees, we do request that you answer the following questions: If you have a situation which might affect your performance or create hazard to yourself or others in connection with the job for which you are applying, please state the following: (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your situation, and (2) the accommodations that we would make which 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.

# Employment History

**\*ALL APPLICANTS MUST COMPLETE\***

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer			Date	
Name:			From: Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:	Phone Number:		Reason for Leaving:	
Were you subject to the FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designation as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers to property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

Employer			Date		
Name:	Address:		From:	Mo.	To: Mo. Yr.
City:	State:	Zip:	Position Held:		
Employer			Date		
Name:	Address:		From:	Mo.	To: Mo. Yr.
City:	State:	Zip:	Position Held:		
Employer			Date		
Name:	Address:		From:	Mo.	To: Mo. Yr.
City:	State:	Zip:	Position Held:		
Employer			Date		
Name:	Address:		From:	Mo.	To: Mo. Yr.
City:	State:	Zip:	Position Held:		

Experience and Qualifications - Driver Only				
	State	License No.	Type	Expiration Date
Drivers Licenses				

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 statement giving details.

### Driving Experience

Class of equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From:	To:	
Straight Truck: <input type="checkbox"/>				
Tractor and Semitrailer: <input type="checkbox"/>				
Other: <input type="checkbox"/>				

List States Operated in for the Last Five Years:

Show Special Courses or Training that will help you as a Driver:

### 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)

Location	Date	Charge	Penalty

### Experience and Qualifications - Other

Show any trucking transportation or other evidence that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment, machinery, or technical materials you can work with (other than those already shown):

All information given on pages 1 and 2 is true and correct to the best of my knowledge:

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

## Applicant Understanding and Agreement

Thank you for your display of interest in our company by completing this application for employment. Be assured that our management decision on employment is based on a conscientious matching of job requirements with applicant skills and qualifications without regard to race, color, creed, religion, sex, age, national origin, ancestry or physical disability. The intent of our employment effort is to derive positive benefit through the best utilization and development of human resources.

Please read the following carefully and sign only after you have completed the application.

1. The information I have provided is correct and accurate to the best of my knowledge and I permit verification.
2. I authorize and hereby release from any and all liability and responsibility all persons, companies or corporations supplying verification or relevant information to this application that may be required to arrive at an employment decision, and to Reynolds Construction LLC and its divisions in obtaining the same.
3. I fully understand and agree:
  - A. Any misrepresentation or deliberate omission of a material fact in this application may justify refusal of employment or if employed, be cause for immediate dismissal.
  - B. To submit to a medical examination and I authorize any physician who has ever examined or treated me to give the company a complete record and report.
  - C. Before employment, I understand that I will be required to sign the Employment Certificate and Agreement section (see below).
  - D. To such personal protective equipment practices and devices as may be directed by the company to comply with safety rules and requirements.
  - E. Per diem may be issued for meals and/or room expenses when job reporting locations are beyond a designated distance from the district office. These per diem expenses DO NOT cover transportations costs. Job reporting is my responsibility.

### B. Employee's Certification and Consent Agreement

My signature below signifies my agreement to the following:

#### 1. Recognition of At Will Status

I understand that I am an employee at will, that my employment is of an indefinite duration and that either I or the company can terminate the relationship at any time without need of formal notice or reason by either party. No agreement to the contrary will be recognized without written approval of the President. I further recognize that the terms and conditions of my employment may be changed by the company at any time, with or without notice.

#### 2. Employee Consent

I consent to having my urine tested for the presence of controlled substances in my body as a part of the pre-employment physical examination if required or at any time during employment at the sole request of the company. I authorize any duly licensed medical and/or nursing personnel acting on behalf of the company to draw blood specimens from my body for the purpose of determining serum drug and/or alcohol and/or controlled substance levels which may exist in my blood. I understand that if the company has a reasonable suspicion that I am impaired due to drug and/or alcohol use, it may request me to submit to the tests described above. My refusal to submit to such test will subject me to discipline, up to and including suspension and discharge. I understand that the results of these diagnostic examinations may be retained by the company as exclusive company property and will be used solely in determining my eligibility for employment or continued employment if an employee. Further, I have read and understand the provisions of the Drug and Alcohol Abuse Policy and agree with the policy therein set forth.

### C. Authorization for Driving Record Release

I authorize Reynolds Construction, LLC to have access to any driving record that I might have in the files of the State Driver's License Bureau.

### D. Authorization for Previous Employer Record Release to be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**Signature:**

**Date:**

**Witnessed:**

**Date:**