

HOOKER
BROTHERS
CONSTRUCTION
COMPANY

2510 SOUTH NORTH ROAD~P O BOX 5288
GRAND ISLAND, NE 68802-5288
PHONE: (308) 384-2030 ~ FAX: (308) 384-2036

APPLICATION FOR EMPLOYMENT

APPLICATION OF EMPLOYMENT

Position applied for: _____ Date of Application: _____

Name: _____ Social Security # _____
 Last First Middle

Address: _____
 Street City State Zip

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ Email _____

Are you 18 years or older: Y N Have you ever been employed here before? If yes, give dates and positions _____

Are you legally eligible for employment in this country? Y N Date available for work _____/_____/_____

What is your desired salary range \$ _____ Type of employment desired: Full-Time Part-Time Temporary Seasonal

Are you able to meet the attendance requirements of the position? Y N Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

If yes, please provide date (s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function: _____ State _____

Date of Birth: _____

Employment History - Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM:	TO:	EMPLOYER	TELEPHONE #
Salary:	Position:	Address:	Supervisor:
May we contact for reference? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	Summarize the nature of work performed and job responsibilities:	Reason for Leaving:	Hourly Rate/Salary: Starting: _____ per _____ Final: _____ per _____
FROM:	TO:	EMPLOYER	TELEPHONE #
Salary:	Position:	Address:	Supervisor:
May we contact for reference? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	Summarize the nature of work performed and job responsibilities:	Reason for Leaving:	Hourly Rate/Salary: Starting: _____ per _____ Final: _____ per _____
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May we contact for reference? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Later	Summarize the nature of work performed and job responsibilities:	Reason for Leaving:	Hourly Rate/Salary: Starting: _____ per _____ Final: _____ per _____

position for which you are applying. _____

Educational Background (if job related)

Name and Location of School High School:	Number of Years completed	Did you Graduate:	Course of Study
College:		Major:	
Other:			

References: Give the names of three persons not related to you, whom you have known at least one year.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
1.		
2.		
3.		

IN CASE OF AN EMERGENCY NOTIFY: _____

Name	Address	Phone #
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Applicant Statement – I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks: _____

Neatness _____ Ability _____

Hired: _____ Position _____ Salary/Wage _____

Date reporting to work: _____

Approved: 1. _____ 2. _____
Employment Manager General Manager

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

CURRENT AS OF 8/87

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone # (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |
- THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

For Administrator Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____



Call toll free 800-999-9111 to reorder Affirmative Action Voluntary Information #R5-A6531 E
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HOOKER BROTHERS CONSTRUCTION COMPANY
2510 SOUTH NORTH ROAD
P O BOX 5288
GRAND ISLAND, NE 68802

ESSENTIAL FUNCTIONS OF CONSTRUCTION LABORERS & EQUIPMENT OPERATORS

Construction jobs require vigorous physical activity in every craft. The construction environment may be hot, cold, wet, dry, dusty, windy, dirty, or muddy. The terrain of the construction site may be rough and uneven. Construction equipment of all sizes such as bulldozers, scrapers, trucks, ect. May be present on the jobsite at any time. Work may be done on the ground, in trenches, in confined spaces, or at heights, depending on the project.

The essential functions and job duties of each craft vary, but all construction workers may be required to routinely perform a wide variety of tasks involving standing, walking, lifting, carrying, climbing, stooping, kneeling, ect.

Listed below are some of the essential functions that workers on a construction site may be required to perform:

- ∞ Climb up and down ladders, scaffold, and other objects.
- ∞ Maintain balance in all situations.
- ∞ Reach for, hold, handle and operate/manipulate objects and materials.
- ∞ Push, pull and frequently carry objects such as tool, materials and equipment weighing up to 60 pounds.
- ∞ Stoop, kneel, crouch, and crawl.
- ∞ Stand and walk for long periods of time.
- ∞ Coordinate movement of eyes, hands, fingers, and feet.
- ∞ Work at different heights.
- ∞ See and hear well with or without correction. To avoid safety hazards to themselves and others.
- ∞ Distinguish colors.
- ∞ Utilize depth perception.
- ∞ Fuel, change oil, and lubricant machinery.
- ∞ Do paper work associated with the job and time card.
- ∞ Operate machinery.
- ∞ Travel out of town.
- ∞ Work weekends & extended hours.

Under the Vocational Rehabilitation Act of 1973 and the American with Disabilities Act, an individual who can perform essential functions with or without reasonable accommodation is qualified for the position. If an applicant feels that reasonable accommodations would enable them to perform the essential functions of the job for which they are applying, they are invited to discuss this with individuals conducting the interviews. Applicants will not, however, be asked whether they have any mental or physical impairments prior to the time they are offered a job.

Application Acknowledgment

The application is true and complete to the best of my knowledge.

I agree that, if employed, I will conform my conduct to company rules and understand that unless otherwise specifically agreed to in writing, my employment can be terminated at any time, with or without notice, at my option or the option of the company. I understand that no personnel, recruiter, interviewer or other representative of the company (other than the President) has authority to enter into any agreement for employment for any specific period of time. I also understand that this application and any employment manuals or handbooks which may be distributed to me during the course of my employment should not be construed as a contract.

I authorize Hooker Brothers Construction Company to make inquiries to verify my suitability for employment and release Hooker Brothers Construction Company and any individuals it contact from any claims arising from making or responding to such inquiries.

I certify that the facts set forth in this employment application (or my accompanying resume) are true and complete to the best of my knowledge. I understand that any falsification, omission, or misrepresentation or concealment of information on this application may be sufficient grounds for disqualification and further consideration for hire or immediate discharge, and the company shall not be liable in any respect if my employment is so denied or terminated. I agree to submit to preemployment physical and/or drug screen if required by Hooker Brothers Construction Company.

Signed _____ Date _____

Hooker Brothers Construction Company is an Equal Opportunity Employer; all applicants receive equal consideration regardless of their race, color, religion, sex, national origin, age, disability, or veteran status.

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PRE-EMPLOYMENT DRUG TESTING NOTIFICATION AND CONSENT

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine.

I understand that, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test was negative or positive. The results of any test will not be released to any additional parties, except as provided in 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

Date: _____

PRINT APPLICANTS NAME

APPLICANT'S SIGNATURE