



EMPLOYMENT APPLICATION

Triad Western Constructors, Inc.

APPLICANT INSTRUCTIONS:

If you need help filing out this application form or with any phase of the employment process please notify the person that gave you this form. Every effort will be made to accommodate you in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of the application.
3. Print clearly: incomplete or illegible applications will not be considered.
4. Employment packets will include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered under Section 503 of the Rehabilitation Act of 1973. This information is voluntary and will be kept confidential. No applicant will be treated adversely for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

NAME: _____

TODAY'S DATE: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for employment. This is not a contract for employment. Answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Testing of job-related skills and for the presence of drugs in your body will be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. You will be required to complete a medical history form and may be required to be examined by a medical professional designated by Triad.

AVAILABILITY

What date can you start? _____ What schedule would you prefer? Full Time Part Time Temporary Labor Pool
For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other
*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All Other States)

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last seven years? Please describe: _____
- Yes No Have you been given a description of the essential function of the position for which you are applying?
- Yes No Do you understand these essential functions?
- Yes No Can you perform the functions of this job with or without reasonable accommodation?

SECURITY

List States and counties of residence for the past seven years: _____

Yes No Have you used any Social Security Numbers or names other than given above? If so, please list them: _____

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.
You are not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more the two years prior to the date of this employment application. (A conviction does not bar employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(Please ask for additional page if necessary) _____

PREVIOUS EMPLOYERS

NOTE: Your application will not be considered unless each question in the following section is answered. Since we will make every effort to contact previous employers, the correct telephone number of past employers is critical. Please ask for a phone book if necessary.

MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer?
			PHONE: ()
			FAX: ()
COMPANY NAME	CITY	STATE	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY	REASON FOR LEAVING		
SECOND MOST RECENT EMPLOYER			
			PHONE: ()
			FAX: ()
COMPANY NAME	CITY	STATE	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY	REASON FOR LEAVING		
THIRD MOST RECENT EMPLOYER			
			PHONE: ()
			FAX: ()
COMPANY NAME	CITY	STATE	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY	REASON FOR LEAVING		

REFERENCES

Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	# OF YEARS KNOWN
1.		
2.		

EDUCATION

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize Triad and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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