

Application for Employment

A CONDITION OF HIRE INCLUDES TESTING FOR DRUG AND ALCOHOL ABUSE AND A PHYSICAL EXAMINATION.

**ALL STATE
CONSTRUCTION, INC.**

**449 Cooke Street, P.O. Box 805* Farmington, CT 06034*
Phone (860) 678-0678* Fax (860) 676-8910**

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, gender identity, genetic information, marital status, disability, age, veteran, or any other basis protected by law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Desired Start Date: _____ OSHA 10 (Date) _____

Referral Source

Name of Source _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____ - ____ - ____

If necessary, the best time to call you at home is _____ a.m. p.m.

May we contact you at work? Yes No

If yes, work number and best time to call (____) _____ a.m. p.m.

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: ____ / ____ / ____

Have you ever been employed here before? Yes No If yes, give dates: From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No (Proof of U. S. Citizenship or immigration status will be required upon employment)

Date you are available for work: ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? Yes No

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER – AA/EOE

Employment History

Please list your last four (4) employers or assignments starting with the most recent, including any military experience. Explain any gaps in your employment in the comment section below. You may include as part of your employment history any verified work performed on a volunteer basis.

| | | | | |
|--|----------------------|----------------|----|--|
| EMPLOYER | TELEPHONE () | DATES EMPLOYED | | Summarize the nature of the work performed and job responsibilities: |
| ADDRESS | | FROM | TO | |
| TITLE | | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | | | |
| REASON FOR LEAVING | | | | |
| May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later | | | | |
| EMPLOYER | TELEPHONE () | DATES EMPLOYED | | |
| ADDRESS | | FROM | TO | |
| TITLE | | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | | | |
| REASON FOR LEAVING | | | | |
| May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later | | | | |
| EMPLOYER | TELEPHONE () | DATES EMPLOYED | | Summarize the nature of the work performed and job responsibilities: |
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| TITLE | | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | | | |
| REASON FOR LEAVING | | | | |
| May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later | | | | |
| EMPLOYER | TELEPHONE () | DATES EMPLOYED | | |
| ADDRESS | | FROM | TO | |
| TITLE | | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | | | |
| REASON FOR LEAVING | | | | |
| May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later | | | | |

Comments (Including explanation of any gaps in employment) _____

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. _____

Educational Background (If job related)

A. List the last three (3) schools you attended, starting with the most recent. B. List the number of years you completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and minor field of study.

| A. School | B. No. Years Completed | C. Degree/ Diploma | D. GPA/ Class Rank | E. Major | E. Minor |
|-----------|------------------------|--------------------|--------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

List any foreign language(s) you know and check the boxes that describe your skill level.

| Language | Speak Some | Speak Fluently | Read | Write |
|----------|------------|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

APPLICANT'S STATEMENT

I certify that the information I have supplied in this application (and accompanying documents, including, but not limited to resume, cover letter, writing samples, and statements made during the interview process are true and complete to the best of my knowledge. I understand that any false statements, omission, or misrepresentation on this application is sufficient cause for refusal to hire, withdrawal of any conditional offer of employment, or dismissal if I have been hired, no matter when discovered.

I understand that if I am offered employment by the Company, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I cannot be hired if I do not comply with these requirements.

I authorize the Company to verify the information I have provided. I authorize the Company and any current or former employer to release a copy of this employment application and all information which may be relevant for consideration for an assignment to their client facilities, including any required healthcare information and personal identifiable information, in accordance with applicable local, state, and federal law.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired my employment will be "at-will" and without fixed term and may be terminated at any time, with or without cause and without notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by the president.

I understand that completing this application does not indicate there is a position open and does not obligate the Company to hire.

If hired, I agree to abide by all company work rules, policies, and procedures. The Company retains the right to revise its policies and procedures in whole or in part, at any time, in its discretion.

The Company is an Equal Opportunity Employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

It is unlawful in Massachusetts to require or administer a lie detector test as condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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 (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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.

Signature of Applicant _____ Date ____/____/____

Voluntary Affirmative Action Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. As a government contractor, we support affirmative action programs. As required, we comply with government regulations, including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask you to complete the applicant data survey.

Please indicate your race or national origin, date of birth, and sex. This information will not be kept with your application and will be used only in accordance with the state and federal regulations. Please be advised that your survey is voluntary and is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

DO NOT WRITE YOUR NAME ON THIS FORM

Date ____ / ____ / ____

You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not. Your cooperation is appreciated.

Gender Check one box. Male Female Do not wish to identify

Race/National Origin Check the box below that corresponds to the category that best identifies your race/ethnicity. **IMPORTANT:** If you check the "Two or more races" box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above races.

Do not wish to identify

Other (please list) _____

Veteran Status Please check all boxes below that apply. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide

will be used for statistical purposes only and will not affect your employment in any way. Government contractors subject to Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and qualified handicapped individuals.

Vietnam Era Veteran

Disabled Veteran

Other Eligible Veteran

Newly Separated Veteran

Disability Status Please check all boxes below that apply. Identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Individual with a Disability

Date of Birth _____

**To be completed by applicant -- Not for interview purposes -- To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**

For Personnel Department Use Only

Position(s) applied for Available Not Available

Other positions considered for: _____

Hired..... Yes No Date of Hire ____ / ____ / ____

Position hired for _____

EEO classification _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date ____ / ____ / ____