


| | | | | | |
|--|-----------------------------|-------------|---------------|-----------------|--|
| Last Name: | | First Name: | | Middle Initial: | OFFICE USE ONLY: |
| Will Visa or Immigration Status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Today's Date: | Date Available: | OFFICE USE ONLY: |
| Phone: () () | Alternate Phone: () () | | Email: | | Geographical Preference/Limitations: |
| Position Applied For: <input type="checkbox"/> Pilebuck <input type="checkbox"/> Carpenter <input type="checkbox"/> Crane Operator <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Laborer <input type="checkbox"/> Welder <input type="checkbox"/> Finisher <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Other (specify): | | | | | American Concrete Company A Division of Hamilton Construction Co.  AMERICAN CONCRETE COMPANY AN EQUAL OPPORTUNITY EMPLOYER A DRUG FREE WORKPLACE 32900 Roberts Court, Coburg, OR 97408 Ph: 541.726.8597 Fx: 541.726.8146 www.AmericanConCo.com |
| Current Address: | Street | City | State | Zip Code | |
| Former Address: | Street | City | State | Zip Code | |

EDUCATION RECORD

| | | | |
|--------------|-------------|---|-----------------------------|
| High School: | City/State: | Graduate/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Certification/Major: |
| College: | City/State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Certification/Major: |
| Other: | City/State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree/Certification/Major: |

EMPLOYMENT RECORD

| EMPLOYER | EMPLOYMENT DATES | | POSITION | ELIGIBLE FOR REHIRE |
|---------------|--------------------|-----|----------|--|
| Name | Start | End | Start | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | End | End | End | |
| Skills/duties | | | | |
| Supervisor | Reason for Leaving | | | |

| | | | | |
|---------------|--------------------|-----|-------|--|
| Name | Start | End | Start | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | End | End | End | |
| Skills/duties | | | | |
| Supervisor | Reason for Leaving | | | |

| | | | | |
|---------------|--------------------|-----|-------|--|
| Name | Start | End | Start | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | End | End | End | |
| Skills/duties | | | | |
| Supervisor | Reason for Leaving | | | |

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, MENTAL OR PHYSICAL DISABILITY, OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE, OR LOCAL LAW.

| |
|--|
| List periods of unemployment of more than 30 days and explain: |
| |
| |

PERSONAL DATA

| |
|--|
| Who referred you to this company (person or organization): |
| |

PLEASE LIST ANY OTHER JOB RELATED SKILLS OR LICENSES

| |
|--|
| |
| |
| |
| |

ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE

| |
|--|
| |
| |
| |

| |
|---|
| <p>This application form is intended for use in evaluating your qualifications for employment; this is not an employment contract.</p> <p>I certify that the information given by me to Hamilton is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.</p> <p>I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Hamilton's interest or those of its customers, nor will I become engaged in such activity or business if employed.</p> <p>In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Hamilton or myself. I understand that no representative of Hamilton, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.</p> <p>If employed, I further agree that if Hamilton advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.</p> <p>Background screening may be required by some contracting parties before you can perform work in or around their property. Credit background checks may be requested if it is substantially related to the job for which you have applied.</p> <p>After an offer of employment, and prior to reporting to work, you are required to submit to mandatory drug testing and satisfactorily complete such testing. Additional testing of job related skills may be required subsequent to an offer of employment and prior to reporting to work.</p> <p>Applicant Signature: _____ Date: _____</p> |
|---|

| |
|---|
| THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE. |
|---|

Hamilton Construction Co. dba American Concrete Company

Affirmative Action Questionnaire

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental recordkeeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process.

Race

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

Sex

- Male
- Female

Veteran

- Special Disabled
- Vietnam
- Other _____
- Not Applicable

Hamilton Construction regularly provides employment on Federally funded projects. This above information will help us in compliance with hiring goals and accounting.

I ELECT TO NOT PROVIDE THIS INFORMATION

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.