

TAYLOR CONSTRUCTION, INC.

7314 Columbus St - P.O. Box 110— New Vienna, IA 52065

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

NOTE: None of the information requested will be used to discriminate against any individual for any reason prohibited by law.

Applications are considered active for 60 days from the date of signature. After 60 days reapplication is necessary.

FOR OFFICE USE ONLY:

Hired? Yes ___ NO ___

Date of Hire _____

Classification _____

Job Title _____

Base Wage _____

Notice to Applicants

If you become an employee of this Company, you will be expected, by Company Safety Policies, to wear the authorized personal safety equipment, when warranted, such as hard hat, safety glasses, hearing protection, etc. Failure to follow the Company Safety Policies will result in disciplinary action up to and including termination.

DATE: _____

Please answer all questions. If question does not apply, mark "n/a"

P E R S O N A L	Position desired: (Must state a specific position)		
	How did you learn about this position? <input type="checkbox"/> Friend <input type="checkbox"/> relative <input type="checkbox"/> newspaper (list paper) _____		
	<input type="checkbox"/> Employment Agency (give name) _____ <input type="checkbox"/> other (list source) _____		
	Last Name:	First name:	Middle Initial: Social Security Number:
	Have you ever used a name other than that shown above? (Nick-name also) If so, list name and dates used: _____		
	Have you ever used another social security number? If so, list number and dates used: _____		
	ADDRESS		Home Telephone: _____
	Street: _____		Mobile Phone: _____
	City, State, Zip: _____		Email Address: _____
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration will be required prior to beginning employment) <input type="checkbox"/> YES <input type="checkbox"/> NO Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Are you currently employed: <input type="checkbox"/> YES <input type="checkbox"/> NO May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been employed by us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give date _____		
Can you travel if the job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Out of town? <input type="checkbox"/> YES <input type="checkbox"/> NO Out of state? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have reliable transportation to get yourself to and from the job site? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Conviction will not necessarily disqualify an applicant from employment.</i> If yes, explain _____ State any reason why you will, if hired, be unavailable for work for a period of time exceeding one week in the next year. _____ _____			

INSTRUCTIONS TO APPLICANT:

1. List employment for at least **last 10 years**. All time must be accounted for (**explain any gaps in employment**). (Use additional sheet, if necessary.)
2. If former employer out of business, furnish name & phone number or address of person who can verify your employment.
3. If self-employed, furnish name, phone number or address of a non-relative who can verify employment.

IS YOUR PRESENT EMPLOYER AWARE THAT YOU ARE SEEKING OTHER EMPLOYMENT? YES NO

EMPLOYMENT RECORD

PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME		FROM:	
STREET ADDRESS		TO:	REASON FOR LEAVING
CITY, STATE, ZIP		STARTING SALARY:	
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	REASON FOR LEAVING
PREVIOUS EMPLOYER		MONTH AND YEAR	
NAME		FROM:	POSITIONS HELD AND DUTIES PERFORMED
STREET ADDRESS		TO:	
CITY, STATE, ZIP		STARTING SALARY:	REASON FOR LEAVING
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	
NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME		FROM:	
STREET ADDRESS		TO:	REASON FOR LEAVING
CITY, STATE, ZIP		STARTING SALARY:	
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	REASON FOR LEAVING
NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	
NAME		FROM:	POSITIONS HELD AND DUTIES PERFORMED
STREET ADDRESS		TO:	
CITY, STATE, ZIP		STARTING SALARY:	REASON FOR LEAVING
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	
NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME		FROM:	
STREET ADDRESS		TO:	REASON FOR LEAVING
CITY, STATE, ZIP		STARTING SALARY:	
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	REASON FOR LEAVING
NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	
NAME		FROM:	POSITIONS HELD AND DUTIES PERFORMED
STREET ADDRESS		TO:	
CITY, STATE, ZIP		STARTING SALARY:	REASON FOR LEAVING
SUPERVISOR	TELEPHONE NUMBER ()	ENDING SALARY:	

E D U C A T I O N		Name and Location	Dates From To		Graduate Yes or No	Major/Minor & Hrs. Completed
	High School(s)					XXXXXXXXXXXX
	College				Degree	
	Tech. Etc.					

R E F E R E N C E S	References: Not related to applicant		
	Name _____	Name _____	Name _____
	Address _____	Address _____	Address _____
	_____	_____	_____
	Phone _____	Phone _____	Phone _____
	Association _____	Association _____	Association _____

POST-OFFER PHYSICAL/TESTING NOTICE

Taylor Construction, Inc. is committed to maintaining a drug-free workplace. Therefore, all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a medical examination, including a testing for drug/alcohol use, by a physician of Taylor Construction, Inc.'s choice. An offer of employment is contingent upon a candidate's submission to and successful completion of the medical exam and test.

EMPLOYMENT ELIGIBILITY VERIFICATION

Pursuant to the Immigration Reform and Control Act of 1986, all applicants upon being made an offer of employment, must produce documents, wherein are specified by the federal government, establishing your identity and authorization for employment in the United States. These documents must be produced no later than 3 days after commencement of employment. You will also be required to sign the Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

APPLICANT ACKNOWLEDGEMENT

In the event that a job offer is extended to me, I agree to undergo a post-offer physical and drug/alcohol test. I understand that the results of such a test will be disclosed only to Taylor Construction, Inc.'s Human Resource personnel and other with a need to know, or as required by law. I understand that if I refuse to consent to testing, fail to provide a urine sample when requested, provide a false or tampered urine sample, or fail to successfully complete the physical or drug/alcohol test, I will not be hired in accordance with Taylor Construction, Inc.'s policy.

Permission is granted to Taylor Construction, Inc. to conduct an investigation and to solicit information as to my education, employment history, character and general reputation, driving record and criminal record. I release Taylor Construction, Inc. and all persons and organizations from any liability arising from such statements, their solicitation or use.

I understand that federal law prohibits the employment of unauthorized alien; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit proof will result in denial of employment.

I understand that this employment application and other company documents are not contracts or employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize Taylor Construction, Inc. to deduct, to the extent permitted by law, any amount I may owe to Taylor Construction, Inc. from any amount that Taylor Construction, Inc. may owe me. I understand that no representative of Taylor Construction, Inc. has any authority to offer or to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true, complete and correct. I understand that any false, misleading, inaccurate, or omitted facts could result in the rejection of my application or termination of my employment at any time. I have read, understand, and by my signature consent to all disclosures and statements.

Date _____

Signature _____