



Application for Employment

THIS APPLICATION IS ACTIVE FOR 30 DAYS FROM SUBMISSION

Application Submission Date: _____ Applicant's Email: _____

PERSONAL HISTORY

Name (as listed on social security card) Phone Number (include area code)

Present Address (street, city, state, zip)

Do you have the legal right to work in the United States? Yes No

Have you worked for this company before? Yes No If yes, give dates: _____

EDUCATION

Type of School	Name of School	Circle Last Year Completed				Degree
		1	2	3	4	
High School		1	2	3	4	
College		1	2	3	4	
Graduate		1	2	3	4	
Business or Trade School		1	2	3	4	

DRIVING RECORD

Do you have a Drivers License? Yes No _____

License Number Type Expiration Date State Issued

PERSONAL REFERENCES

1) Name Phone Years Known

Address (street, city, state, zip) Occupation

2) Name Phone Years Known

Address (street city, state, zip) Occupation

3) Name Phone Years Known

Address (street, city, state, zip) Occupation

PAST EMPLOYMENT *(List last employer first)*

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

1. _____
From (month/year) To (month/year)

Present/Last Employer

Address (street, city, state, zip)

Type of Business

Your Position

Supervisor

Salary Received

Reason for Leaving

2. _____
From (month/year) To (month/year)

Present/Last Employer

Address (street, city, zip)

Type of Business

Your Position

Supervisor

Salary Received

Reason for Leaving

3. _____
From (month/year) To (month/year)

Present/Last Employer

Address (street, city, zip)

Type of Business

Your Position

Supervisor

Salary Received

Reason for Leaving

MILITARY SERVICE

Induction Date	Date of Discharge	Branch	Grade/Rank	Nature of Duty or Training
----------------	-------------------	--------	------------	----------------------------

CAPABILITIES AND EXPERIENCE

Number of years' experience in Construction Industry? _____

Indicate by (x) in the square below the areas of your capabilities and experience "T" – Training "E" – Experience

HEAVY CONSTRUCTION	T	E
Highways		
Railroad		
Earth Moving		
Curb & Gutter		
Concrete		
Bridges		

EXCAVATION	T	E
Dirt		
Rock		
Grading		
Basework		
Dewatering		
Blasting		

UTILITIES	T	E
Water Lines		
Sewer Lines		
Storm Drain		
Force Main Lines		
Dewatering		
Gas Lines		

Additional Remarks (Feel free to give any additional information that might help us evaluate your application.)

GENERAL INFORMATION

Are you at least 18 years old? Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No

a. Upon hire, can you produce documentation verifying legal status to work in the U.S.? Yes No

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Have you taken any illegal drugs in the past thirty (30) days? Yes No

Have you ever been convicted, pled guilty or no contest to a crim in the last seven (7) years? Yes No

a. If yes, explain and give dates: _____

Note: Conviction of a crime will not automatically disqualify you from employment.

Do you have any commitments to another employer, or otherwise, that might affect your employment with CIC?

Yes No If yes, please specify: _____

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and I further authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all work rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral medications.

_____ I understand that the safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor.

_____ I understand and agree to comply with federal, state and local regulations related to on-the-job safety and health. Newly hired employees have a 90-day introductory period at the Company and an employee may be released for unsatisfactory performance during this period.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my 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.

_____ I understand that the Company is committed to a drug free workplace and I am aware that the Company will require a drug test as part of the hiring process, and that if employed, the company will require additional drug testing in compliance with its drug free workplace policy (including random testing).

_____ I understand that newly hired employees have a 90-day introductory period at the Company and that an employee may be released for unsatisfactory performance during this period.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS. MY APPLICATION WILL REMAIN ON FILE FOR THIRTY (30) DAYS FOR CONSIDERATION, AND THEREAFTER IT WILL BE NECESSARY FOR ME TO COMPLETE A NEW APPLICATION.

Signature: _____ **Name(print):** _____ **Date:** _____



Invitation to Self-Identify

Commercial Industrial Corp is a federal government contractor subject to the affirmative action requirements of Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended. In accordance with these laws, Commercial Industrial Corp will not discriminate against any employee or applicant for employment because of race, color, national origin, gender, disability, or covered veteran status. Moreover, we must engage in affirmative action measures to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, national origin, gender disability, or covered veteran status.

To assist in accomplishing our affirmative action obligations, we ask each applicant and employee to provide the information below. However, submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that government officials engaged in enforcing the above referenced laws may be informed. The information provided will be used only in ways that are no inconsistent with the affirmative action provisions of the laws referenced above.

I identify myself as:

Gender: Male Female

Race/Ethnicity: American Indiana/Alaskan Native Asian Black/African American
 Hispanic or Latino Native Hawaiian/Pacific Islander White
 Two or More Races

Disabled Status: Individual with a Disability Special Disabled Veteran

Veteran Status: Vietnam Era Other Recently Separated

If you are a special disabled veteran or an individual with a disability, it would also assist us if you would notify us of any: (1) Special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that we can ensure your consideration for such positions and (2) Accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties relating to the job, provisions of personal assistance services, or other accommodations.

PRINT NAME

SIGNATURE

DATE

DEPARTMENT

LOCATION

AUTHORIZATION TO OBTAIN INFORMATION

COMMERCIAL INDUSTRIAL CORP:

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above-named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iIX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee. I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

_____ Applicant’s / Employee’s Full Name (Print
clearly)

_____ / _____ / _____

Applicant’s / Employee’s Signature Date of Signature
(ATTACH A COPY OF THE DRIVER’S LICENSE)

STATE SPECIFIC REQUIREMENTS

The authorization should reflect these state-specific requirements. Note that additional state requirements may apply.

- CALIFORNIA: If you participate in the Employer Pull Notice (“EPN”) program, continuing consent only applies for requests generated through EPN. If you are requesting a record for employees not enrolled in the EPN program, continuing consent does not apply. A separate authorization must be requested each time a report is ordered. See Cal. Civ. Code §1786.16 (a)(2). In addition, please consult your California Requestor Account Agreement regarding applicable statutes, including but not limited to Cal. Civ. Code §1786.16 (a)(2).
- ARKANSAS: For driving records, “a release signed ... shall remain in force for a period of five (5) years from the date signed by the driver.” See Ark. Code Ann. §27-50-908.
- MASSACHUSETTS: An employer may not make written, pre-employment inquiries of an applicant about his or her criminal history. See G.L. c 151B, § 4(91/2).
- NEBRASKA: For driving records, a complete and notarized Authorization to Obtain a Copy of Nebraska Driving Records must be obtained for all non-CDL [commercial driving license] employment requests. See Neb. Rev. Stat. § 60-2907. A sample Nebraska authorization is below.
- NEW HAMPSHIRE: For driving records, the authorization is to be kept for no more than two years from the date of signature. See N.H. Rev. Stat. Ann. § RSA 260:14V(c)(2)(D).
- WASHINGTON: For MVRs, the requested Washington specific authorization obtained for prospective employees expires after 30 days if not hired. If hired, the authorization does not expire. Contact iiX’s Compliance Department at (800) 299-7099 ext. 127 with any questions.

These guidelines, specific state requirements, and exemplar template are not intended to provide legal advice. Customer is urged to consult with its own legal counsel to verify any Disclosure and Authorization created complies with regulatory requirements.

iiX makes no claims, promises or guarantees about the timeliness, accuracy, completeness, or adequacy of the information reports provided, nor does iiX warrant that this form is appropriate for a customer’s particular needs.