



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and do not discriminate on the basis of race, religion, sex, age, color, disability or handicap, veteran/military status or national origin.

Please Note: Field craft labor is normally hired through Labor Unions. If you are seeking such a position, we suggest that you apply for referral through Labor Union channels.

Today's Date:

Position Applied For:

Project/Location:

PLEASE PRINT

Name:

Address:

Suite/Apt #:

City:

State:

Zip Code:

Home Telephone:

Cell Phone:

Business Telephone:

Email address:

How were you referred to us?

Print Ad

School

On my Own

Current/former

Agency

Other

Employee:

Website/
internet

Have you ever worked for The Ruhlin Company? Yes No

If YES, when?

Who was your supervisor?

Reason for leaving:

Do you possess a valid driver's license? Yes No

License Number:

State:

Your minimum salary requirement:

The date in which you would be available for work:

Are you subject to or bound by any non-compete or confidentiality agreements with another employer that might affect your employment with us? Yes No

EDUCATION AND TRAINING HISTORY

List current certifications:

List computer software with which you are proficient:

Education	Name of School	Years Completed	Degree/Major	Did you graduate?
High School or GED		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				

Are you legally permitted to work indefinitely in the United States? Yes No

If you are under 18 years of age, do you have a work permit? N/A Yes No

Have you ever been discharged or asked to resign by a previous employer? Yes No

What percentage are you willing to travel to out-of-town jobs? _____%

Have you ever been involved in an accident on a construction site or similar location which caused damage to property or equipment? Yes No

Can you perform all duties associated with the job for which you are applying? Yes No

(If you do not know the essential duties of the job for which you are applying, please ask)

If **No**, are there any accommodations which would enable you to perform the essential duties of the job for which you are applying?

List any convictions of crimes. Exclude traffic court offenses involving only fines of \$200 or less. A record of criminal conviction will not necessarily be a bar to employment as the Company will consider factors such as age of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Nature of Conviction (s):

Date(s):

Locations(s):

EMPLOYMENT HISTORY

List your present employer or most recent employer first. Attach additional pages if needed.
 A resume may not be accepted as a substitute for a completed application.

Employer		Supervisor's Name/Phone#/Title	Employed From _____ Mo./Yr. To _____ Mo/Yr.
Address		Your Job Title	
Duties:			
Starting salary	Ending salary	Other compensation	
Reason For Leaving		Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
Employer		Supervisor's Name and Phone#/Title	Employed From _____ Mo./Yr. To _____ Mo/Yr.
Address		Your Job Title	
Duties:			
Starting salary	Ending salary	Other compensation	
Reason For Leaving		Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
Employer		Supervisor's Name/Phone#/Title	Employed From _____ Mo./Yr. To _____ Mo/Yr.
Address		Your Job Title	
Duties:			
Starting salary	Ending salary	Other compensation	
Reason For Leaving		Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
Employer		Supervisor's Name/Phone#/Title	Employed From _____ Mo./Yr. To _____ Mo/Yr.
Address		Your Job Title	
Duties:			
Starting salary	Ending salary	Other compensation	
Reason For Leaving		Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>			
Please explain any periods of unemployment:			

PROFESSIONAL REFERENCES (List at least three)

Name	Company	Title	Phone	Nature of Relationship

May we contact these references? Yes No

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Telephone:

AGREEMENT (Please read the following statements carefully)

I hereby affirm the information provided on this application (and accompanying resume', if any) is true and complete to the best of my knowledge. I also agree that falsified or misleading information or significant omissions may disqualify me from further consideration for employment and may result in termination if discovered at a later date.

I understand my employment is at-will employment and can be terminated, with or without cause, at any time at the discretion of either the Company or myself. I understand no Company representative has any authority to enter into an agreement contrary to the foregoing or to make any oral assurance or promise of continued employment. If employed by the Company, I agree that I will not file any action, suit or claim relating to my employment by The Ruhlin Company more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly waive any statute of limitations to the contrary.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume', if any) to provide the Company any relevant information that may be required to arrive at an employment decision. I understand that a background check may be performed prior to employment.

I agree that upon any termination of employment, I shall promptly return any equipment or other property entrusted to me during such employment, that I shall promptly repay any indebtedness owed by me to The Ruhlin Company, and that The Ruhlin Company is hereby authorized to deduct from any final pay the amount of such un-repaid indebtedness and the value of any unreturned property.

If offered a position, I agree to submit to post-offer pre-employment testing for drugs or alcohol prior to beginning work with the Company. I agree that positive test results may disqualify me from further consideration for employment.

Signature of Applicant

Date

For Company Use Only
Interviewed: Yes No By: _____ Hired Not Hired



The Ruhlin Company Employee/Applicant Self-Identification Form

We are an equal opportunity employer and affirmative action employer. For statistical and reporting purposes and as part of our affirmative action obligation, we ask applicants and employees to voluntarily provide the following information. This information will be kept confidential. It will be kept separate from your application and will have no impact on hiring or employment decisions.

Race/Ethnicity (You may check only one box):

Hispanic or Latino

Non-Hispanic or Latino categories:

Asian

White

American Indian or Alaska Native

Black or African American

Native Hawaiian or other Pacific Islander

Two or more races

Gender:

Male Female

Disabled/Veteran:

Disabled Individual

Disabled Veteran

Other Protected Veteran

Armed Forces Service Medal Veteran

Recently Separated Veteran

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with federal and state laws and regulations. As an affirmative action employer, we are committed to providing equal employment opportunity to all applicants and employees without regard to race, religion, sex, age, color, disability or handicap, veteran/military status or national origin. We also take affirmative steps to employ and to advance in employment qualified individuals with disabilities, disabled veterans, other protected veterans, Armed Forces Service Medal Veterans and recently separated veterans.

Name (please print): _____ Signature: _____

Date: _____

(SEE NEXT PAGE FOR DEFINITIONS)



DEFINITIONS

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

American Indian or Alaska 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.

Asian: 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.

Black or African American: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, Middle East or North Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or more races: All persons who identify with more than one of the five above races.

Disabled Veteran means a person who: (1) is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list may also be obtained by contacting H.R. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

Recently Separated Veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service and who was discharged or released from active duty less than three years before today's date.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Disabled Individual means any person who (a) has a physical or mental impairment that substantially limits one or more of such person's major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment.