

FORD

CONSTRUCTION COMPANY

EMPLOYMENT APPLICATION

ALL FIELDS MUST BE COMPLETED FOR YOUR APPLICATION TO BE ACCEPTED

Ford Construction Company is committed to providing a workplace free of sexual harassment, intimidation, threats, coercion or discrimination (which includes harassment based on gender, pregnancy, childbirth, or related medical conditions) as well as harassment, intimidation, threats, coercion or discrimination based on such factors as race, color, religion, national origin, age, physical or mental disability, medical condition, marital status, sex, sexual orientation, genetic information, gender identity, family care leave status or veteran status.

Date of Application _____ (mm/dd/yyyy)

Applying for position as: (Select ONE based on your qualifications).

- | | | |
|--|--|---|
| <input type="checkbox"/> Carpenter/Lead Person | <input type="checkbox"/> Farm Tractor Operator | <input type="checkbox"/> Mechanic Class 1 |
| <input type="checkbox"/> Class A Operator | <input type="checkbox"/> Foreman Operating | <input type="checkbox"/> Mechanic Class 11 |
| <input type="checkbox"/> Class B Operator | <input type="checkbox"/> Foreman Paving | <input type="checkbox"/> Survey Instrument Operator |
| <input type="checkbox"/> Class C Operator | <input type="checkbox"/> Foreman Plant | <input type="checkbox"/> Truck Driver (2 Axles) |
| <input type="checkbox"/> Class D Operator | <input type="checkbox"/> Foreman Supervising | <input type="checkbox"/> Truck Driver (3 or 4 Axles) |
| <input type="checkbox"/> Concrete Finisher | <input type="checkbox"/> Iron Worker (Reinforcing) | <input type="checkbox"/> Truck Driver (5 or More Axles) |
| <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Iron Worker (Structural) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Laborer/Skilled | |
| <input type="checkbox"/> Estimator | <input type="checkbox"/> Laborer/Unskilled | |

Do you have experience in the work for which you are applying? Yes No

How Much Experience? _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Physical Address

Street _____ City _____ State _____ Zip Code _____

Mailing Address (if different from Physical Address)

Street _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Alternate Phone # _____

E-mail Address _____ Social Security # (last 4 digits) XXX-XX- _____

Please select one: Driver's License CDL ID Only Other (explain) _____

Number _____ State _____ Class/Type _____ Expiration Date _____



Please check YES or NO:

- YES NO Are you 18 years of age or older?
YES NO Have you ever filed an application with us before? If so, date:
YES NO Have you ever worked for Ford Construction Company? If so, date(s):
YES NO Are you able to provide proof that you are legally entitled to work in the United States?
YES NO Are you available to work? If so, date available:
YES NO Can you travel if your assignment requires it?
YES NO Are you able to perform all job related tasks with/without reason accommodation?
YES NO Are you available to work overtime or over 40 hours per week?
YES NO I have reliable transportation?
YES NO Have you read the job description of the job for which you are applying?
YES NO I am able to pass a drug screen and physical.
YES NO Do you understand the requirements of the job for which you are applying?
YES NO Have you ever been convicted of a felony or misdemeanor within the last seven years?

If YES, please provide the following information:

Date of Conviction(s): State of Conviction(s):

List all circumstances and details involving said conviction(s):

[Empty box for providing details of conviction]

WORKHISTORY

PLEASE STATE THE NAMES OF YOUR PRESENT AND ALL PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER. IF YOU HAVE BEEN SELF-EMPLOYED OR ARE CURRENTLY SELF-EMPLOYED, PLEASE PROVIDE THE NAME OF YOUR FIRM, COMPANY, OR OPERATIONS. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IF APPLICABLE.

1. Employer Name Supervisor
Address City State Zip Code
Phone # Job Title
Please describe your work:
Reason for leaving:
Dates Employed: From: To: Starting Wage: Ending Wage:



2. Employer Name _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Job Title _____

Please describe your work: _____

Reason for leaving: _____

Dates Employed: From: _____ To: _____ Starting Wage: _____ Ending Wage: _____

3. Employer Name _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Job Title _____

Please describe your work: _____

Reason for leaving: _____

Dates Employed: From: _____ To: _____ Starting Wage: _____ Ending Wage: _____

4. Employer Name _____ Supervisor _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Job Title _____

Please describe your work: _____

Reason for leaving: _____

Dates Employed: From: _____ To: _____ Starting Wage: _____ Ending Wage: _____

Please describe all other training, experience, skills, and special educational experiences:



REFERENCES

PLEASE PROVIDE AT LEAST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS.

Name _____	Name _____
Address _____	Address _____
_____	_____
City _____ State _____	City _____ State _____
Zip Code _____ Phone # _____	Zip Code _____ Phone # _____

OTHER

Please provide names of friends or relatives employed by Ford Construction Company (specify relation):

Please list any certificates/certifications that you have received:

Other Comments:



CERTIFICATION BY APPLICANT

I certify that I have read and understand this entire application. I hereby authorize Ford Construction Company (hereinafter "Ford") to investigate all answers, information, and statements contained in this application to arrive at an employment decision. Further, I authorize my former or current employer(s), reference(s), educational institution(s) and any and all other individual(s) or organization(s) to provide any and all information they may have, personal or otherwise, solicited or not solicited by the Company, and I hereby release, discharge and hold harmless each of the above, including Ford, from liability of any kind or nature.

I authorize Ford to conduct background checks on me. I understand that such an investigation may include information as to my character, oral and written assessments of my job performances, ability, credit records, motor vehicle records, criminal history, education, experience, and personal characteristics. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that Ford requires applicants for certain job positions to undergo a post-offer, pre-employment physical examination and drug test as a condition of employment. I hereby give my consent to any such test or examination and consent to the release of the results of any such test or examination to Ford.

I understand that the submission of this application for employment to Ford does not create a promise of employment or an employment contract or a term of employment. I also understand, agree, and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this Company is of an "at-will" nature. This means that I can resign at any time, and that I can be terminated at any time by this Company, with or without cause, for any reason and without prior notice. I further understand that this "at-will" employment relationship may not be changed by anything anyone tells me or by any written document or conduct or representation unless I am provided and execute a written employment contract signed by the President of Ford.

I understand that this application will be considered active for no more than one month. If I intend to be considered for employment thereafter, I must reapply for a position with Ford.

I understand that false information, information that Ford considers to be misleading, or the failure to provide a complete response to any question, whether on this application or in an interview with Ford' s representative, will disqualify me from further consideration or employment. I also understand that if Ford determines after I am hired, that I either failed to provide necessary information, or that I provided misleading or false information, this determination will be a satisfactory reason for Ford to terminate my employment.

To process this Employment Application, Ford requires that this application be signed. You agree that by clicking "Electronic Signature" such action will constitute your electronic signature having the same legal force and effect as a hand written signature.

I certify that all information stated by me in this application is true and complete. I have read and understand the foregoing statements contained in this section entitled "Certification by Applicant."

Applicant Signature

Date

PLEASE MAIL COMPLETED APPLICATION FORMS TO:
FORD CONSTRUCTION COMPANY
Re: Employment Application
2353 Highway 104 West
P.O. Box 527-38025
Dyersburg, Tennessee 38024



EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM PRE-OFFER

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied for _____

Referral Sources: 1. Advertisement 2. Employee Referral 3. Agency Referral 4. Walk-In
 5. Other 6. Company Website 7. Friend/Relative

Name:

Phone: _____

LAST

FIRST

MIDDLE

Address:

NUMBER

STREET

CITY

STATE

ZIP CODE

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

If you wish to be identified, please sign below and complete the survey.

Applicant Signature

Check One: Male Female



EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM PRE-OFFER

EQUAL EMPLOYMENT OPPORTUNITY SURVEY (continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am not Hispanic or Latino.
- Yes, I am Hispanic or Latino: A person of Cuba, Mexico, Puerto Rico, Central or South America, or other Spanish culture or origin, regardless of race.

Race: IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above.

What is your race? Select ONE of the following categories.

- White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American - A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains 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 sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races - All persons who identify with more than one of the above five races.

Check if the following is applicable:

- Veteran - As identified under one or more of the following:
- Disabled Veteran (i.) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii.) a person who 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 campaign or expedition for which a campaign badge has been authorized.
 - 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.
 - Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Position(s) Considered For: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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 1/31/2020
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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.