

Name: _____

Date: _____

Position Applied For: _____

SSN: _____

Gender: Male Female

1. How would you describe yourself? _____

Circle one or more

- A - African American
- B - American Indian
- C - Asian American
- D - Caucasian (White)
- E - Hispanic American
- F - Other _____

3. Where did you receive information concerning employment with Bayer Construction Company Inc? _____

Circle One or more

- A - Friends/family working at Bayer Construction
- B - Newspaper
- C - School Placement Office
- D - Self
- E - Other: _____

2. Are you a Veteran? Yes No

4. Do you have a Disability? Yes No

This is NOT part of the Employment Application. The information you give will NOT be put with the employment application, and it wil NOT be used as a basis for offering or not offering employment. The answers to the above questions will only be used for research to determine the effectiveness of our Equal Employment Opportunity Opportunity policies. Please help us by completing the questions. Please do not hesitate to seek assistance.

EMPLOYMENT APPLICATION

Bayer Construction Company, Inc. is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, national origin, age, disability, martial or veteran status, or any other legally protected status.

IMPORTANT: Applications must be filled out entirely in order for the applicant to be considered for employment. Incomplete applications will not be considered.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State ZipCode

Phone Number: () _____ Date you could start work: _____

Position(s) Applying for: _____

I am interested in (circle one): Full-Time Work Part-Time Work Summer Work

EMPLOYMENT HISTORY

Date (Month & Year)	Name & Address of Employer	Position
From : _____		
To : _____		
From : _____		
To : _____		
From : _____		
To : _____		

REFERENCES: List at least two persons, not related to you, whom you have known for at least one year.

Name	Address & Phone Number	Occupation

What makes you qualified for this position?

EDUCATION: Circle the last year of schooling completed:

Elementary: 6 7 8 High School: 9 10 11 12 Technical School: 1 2 3 4



PRE-EMPLOYMENT DRUG TESTING Notification and Consent Form

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Parts 40, 383, 391, and Bayer Construction Company, Inc. policy, that all prospective employees must submit to a controlled substances test. This test involves collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Bayer Construction is requiring all employees and new employees to be included in this testing program.

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate and/or intrastate commerce, nor to continue in the employ of Bayer Construction Company, Inc. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the company Medical Review Officer who will report the test to Bayer Construction Company, Inc. The Medical Review Officer may also release the result to my examining physician; in connection with my DOT required physical. The results will not be released to any additional parties without my written consent.

Please do not agree to take a drug test you cannot pass.

By signing below, I hereby agree to submit to a urine drug test.

Print Name

Signature

Date



◆◆◆ IMPORTANT – PLEASE READ CAREFULLY ◆◆◆

Employment Policy Physical Capacity Profile®

As part of Bayer Construction Company, Inc. employment procedures, employees will be required to undergo a post-offer Physical Capacity Profile® examination conducted at Maximum Performance, Manhattan, KS. Any offer of employment that is received from Bayer Construction is contingent upon, among other things, satisfactory completion of this examination and drug screening and a determination by Bayer Construction using the results from the examination that the applicant is capable of performing the responsibilities of the position that has been offered, with or without reasonable accommodations. This will help Bayer Construction avoid putting employees in a position where there is a likelihood of injury to themselves or others.

Information concerning an employee's medical condition and/or history will be maintained in a separate file in the Human Resources office and will be treated as confidential. This confidential information may be disclosed to: (1) supervisors and managers regarding necessary restriction to an employee's duties; (2) first aid and safety personnel regarding potential emergency treatment; (3) government officials authorized to receive the information; and (4) any other person or entity, that the employee authorizes to receive the information.

* * *

I, _____, acknowledge that if conditional offer of employment is extended to me that I must submit to Maximum Performance for a Physical Capacity Profile® evaluation. My employment is contingent upon demonstrating that I meet the physical requirements of the position I have been offered.

In the event that I am hired and do not successfully complete the 90-day probationary period, I agree that the cost of \$120.00 for this evaluation shall be deducted from my final paycheck prior to its issuance.

Signature of Applicant

Date

Signature of Organization Representative



1. I have read and understand the job description for which I am applying.

_____ Yes _____ No

2. I can or cannot perform all of the essential functions of the job for which I have applied with or without an accommodation. (Please circle one from each option)

Signature of Applicant

3. I understand that if I am offered employment that I will be asked to complete a Physical Capacity Profile® and that employment is contingent on meeting the level required for my job.

Signature of Applicant

4. I have a **valid** driver's license and give permission for Bayer Construction Company, Inc. to request my Motor Vehicle Record. My Driver's License Number is: _____.

I DO NOT have a valid driver's license: _____

APPLICATION ACKNOWLEDGEMENT

I understand this application will be kept on file for 30 days. It will be my responsibility to renew or update the application if I wish to continue being considered for employment after the 30-day period has elapsed. I also understand that employment in Kansas is "at-will" and so can be terminated at any time for any reason by either the employer or employee.

I give permission for Bayer Construction Company, Inc. to use the information I have supplied in this application to contact previous employers for reference purposes.

I certify that the answers in this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

