

Application For Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Date:
/ /

APPLICANT DATA:

Position applied for:

Full Name:

LAST

FIRST

MIDDLE

Address:

City:

State:

Zip:

Cell Phone:

Alt Phone: ()

E-Mail Address:

Date available to start:

Birthdate:

Desired Hourly Rate:

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain:

Do you need permission to work in the United States? Yes No

Can you after employment, submit documents of proof that you are eligible to work in the United States. Yes No

Have you ever worked for this company? Yes No If yes, when?

Type of employment desired: Full-time Seasonal Full-time Part-time Seasonal Temporary

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Do you have a valid driver's license? Yes No State Issued: If you do not have a CDL are you willing to obtain one? Yes No

Current CDL? Yes No What Class? A B C CDL Endorsements? T N H X CDL Exemptions? L Z E O K V

Do you have a current Commercial Driver Medical Card? Yes No Expiration Date?

EDUCATION:

High School/ GED:

Address:

of Years Completed:

Did you graduate? Yes No

GPA:

College/University:

Address:

of Years Completed:

Did you graduate? Yes No

Major:

GPA:

Class Rank:

Other:

Address:

of Years Completed:

Did you graduate? Yes No

Degree:

Major:

GPA:

REFERENCES (permission to verify contacts):

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name:

Phone: ()

Address:

City:

State:

Zip:

Name:

Phone: ()

Address:

City:

State:

Zip:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held:

Employer: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Pay Rate and Title: _____ Ending Pay Rate and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held:

Employer: _____ Address: _____

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Starting Pay Rate and Title: _____ Ending Pay Rate and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS: Provide detailed information on the following skills you have acquired through past work experience. State how many years you have worked with each type of equipment and what type of work was done with it. Example: Truck Driver, 3 years, long-haul, oversize loads, low-boys, dump experience, straight or semi-load.

Specific Experience:		Years	Details of Experience:
General Laborer:	<input type="checkbox"/>		
Landscaper:	<input type="checkbox"/>		
Pipe Layer:	<input type="checkbox"/>		
Skidsteer (w/ implements:)	<input type="checkbox"/>		
Bulldozer:	<input type="checkbox"/>		
Excavator:	<input type="checkbox"/>		
Loader:	<input type="checkbox"/>		
CDL Driver:	<input type="checkbox"/>		
Mill:	<input type="checkbox"/>		
Pulverizer:	<input type="checkbox"/>		
Crusher:	<input type="checkbox"/>		
Tractor (w/ implements:)	<input type="checkbox"/>		
Yard Sales:	<input type="checkbox"/>		
Mechanical:	<input type="checkbox"/>		
Welding:	<input type="checkbox"/>		
Fabrication:	<input type="checkbox"/>		
Jobsite Layout:	<input type="checkbox"/>		
Print Reading:	<input type="checkbox"/>		
Accounting:	<input type="checkbox"/>		
Human Resources:	<input type="checkbox"/>		
Project Management:	<input type="checkbox"/>		
Clerical:	<input type="checkbox"/>		
Supervisor:	<input type="checkbox"/>		

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for not described above? Explain Below:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. This application shall be considered active for 90 days. Hallack Contracting is an Equal Opportunity Employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release my current and former employers from liability if any information gained by Hallack Contracting results in me being disqualified for the job.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the "President" of the Company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Hallack Contracting conducts pre-employment physicals and drug testing. It also conducts random drug testing.

Signature of Applicant

Date

Voluntary Affirmative Action Information Form – Applicants

(Confidential: For Statistical Use Only)

In an effort to implement our Affirmative Action Program recordkeeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is strictly voluntary. Failure to provide it will not subject you to any negative personnel action. Information provided will be kept confidential in accordance with applicable regulations.

Name (Last, First, Middle Initial)	Date														
<p>Referral Source</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Internet _____</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Newspaper _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Employee Referral _____</td> <td style="border: none;"><input type="checkbox"/> Organization _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Website _____</td> <td style="border: none;"><input type="checkbox"/> Job Fair _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Recruiter _____</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Walk In _____</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> Internet _____	<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Organization _____	<input type="checkbox"/> Website _____	<input type="checkbox"/> Job Fair _____	<input type="checkbox"/> Recruiter _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Walk In _____					
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<p>Race/Ethnicity (Please check <u>one</u> box only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hispanic/Latino</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Asian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> White</td> <td style="border: none;"><input type="checkbox"/> American Indian or Alaskan Native</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Black or African – American</td> <td style="border: none;"><input type="checkbox"/> Two or more races</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td style="border: none;"><input type="checkbox"/> Vietnam Era Veteran Special</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disabled Veteran Other</td> <td style="border: none;"><input type="checkbox"/> Protected veteran</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Recently Separated Veteran</td> <td style="border: none;"><input type="checkbox"/> Armed Forces Service Medal Veterans</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Individual with Disabilities</td> <td style="border: none;"></td> </tr> </table> <p><u>Hispanic or Latino</u> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><u>White (Not Hispanic or Latino)</u> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><u>Black or African American (Not Hispanic or Latino)</u> - A person having origins in any of the black racial groups of Africa.</p> <p><u>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</u> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><u>Asian (Not Hispanic or Latino)</u> - 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.</p> <p><u>American Indian or Alaska Native (Not Hispanic or Latino)</u> - 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.</p> <p><u>Two or More Races (Not Hispanic or Latino)</u> - All persons who identify with more than one of the races of: White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.</p> <p><u>Individual with Disabilities</u> - Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).</p>		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African – American	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Vietnam Era Veteran Special	<input type="checkbox"/> Disabled Veteran Other	<input type="checkbox"/> Protected veteran	<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Armed Forces Service Medal Veterans	<input type="checkbox"/> Individual with Disabilities	
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Veteran of the Vietnam-Era - Means a person who: (i) served on active duty in the U.S. military, ground, naval air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran - Means (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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran - Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

For Office Use Only

Position considered for: _____ Ethnicity missing or unknown

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION FORM
- RETURN TO HUMAN RESOURCES -