

K. R. SWERDFEGER CONSTRUCTION, INC.

421 E Industrial Blvd. ● Pueblo West, CO 81007
(719) 547-0242 ● (719) 547-9297 Fax

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First MI

_____ Phone Number _____
Street City State Zip

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of Pay expected _____

Are you 18 years or older? Yes No

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

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School(s) attended _____
Name City State

College or University _____
Name City State Degree

Experience and Qualifications – Other

List any experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with _____

Employment History

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicles used in interstate commerce that weigh 10,001 pounds or more)</i>			Yes _____ No _____	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicles used in interstate commerce that weigh 10,001 pounds or more)</i>			Yes _____ No _____	

Driving Record

Circle One CDL-A CDL-B

Driver's License # _____ Expiration Date _____

Please list all traffic convictions and forfeitures for the past 3 years (other than parking violations)

If none, write none.

LOCATION	DATE	CHARGE	PENALTY

This certifies that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, financial, motor vehicle driving record or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of K.R. Swerdfeger Construction, Inc.

I understand that if I am offered employment, I must successfully complete a drug screen. If I test positive for drugs, I will not be eligible for employment. I hereby consent to pre and post employment drug screening.

_____ Date

_____ Applicant's Signature

Continuation of Application For CDL & CMV Drivers Only

Applicants to drive a commercial motor vehicle (vehicles having a GVWR of 10,001 lbs. or more, a GVWR of 26,001 lbs., vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall provide an additional 8 years of information completing a total of 10 years of employment history on those employers for whom you operated such vehicles. (Note: List employers in reverse order starting with the most recent.)

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()	Phone Number ()		Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()	Phone Number ()		Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()	Phone Number ()		Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()	Phone Number ()		Reason for Leaving	

For CDL & CMV Drivers Only

Date of Birth _____ - _____ - _____
 (Required for Commercial Drivers)

Previous Addresses for the past 3 years

Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____
Street	City	State	Zip	How Long? _____

Accident Record for Past 3 Years or More (Attach Sheet if Necessary)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Experience and Qualifications – Driver

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Driver Licenses				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

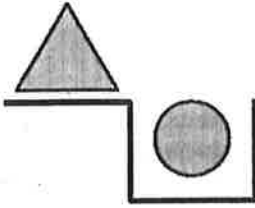
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience – If None, Write None

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles Total
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other				

List states operated in for last five years _____

Show special courses or training that will help you as a driver _____



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Voluntary EEO Self-Identification Form

It is the policy of this organization to provide equal employment opportunity to all qualified employees without regard to age, race, sex, color, religion, national origin, disability, military status, genetic information, or any other status protected by applicable state or local law. This information is used for government agency reporting by the Equal Employment Opportunity Commission, which is mandatory for all employers with 100 employees to complete.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS YOUR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR PERSONNEL FILE.

Please Print

Name: _____ Date: _____
Last First MI

What is your gender? Male Female

ETHNICITY:

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

RACE: (You may mark one or more of the following):

- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- American Indian / Alaska Native:** A person having origins in any of the original peoples of North 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 subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, 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. (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- I elect not to identify.

Veteran Status

Using the definitions as stated on the following page, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

- Yes No Vietnam Era Veteran
- Yes No Disabled Veteran
- Yes No Active Duty Wartime or Campaign Badge Veteran Status
- Yes No Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)
- Yes No Armed Forces Service Medal Veteran

K. R. Swerdfeger Construction, Inc.

Voluntary EEO Self-Identification Form

K.R.S.C. is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as "covered veterans".

If you have a disability or are covered veteran and would like to participate in our affirmative action program, please complete the form or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/ EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government official engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Active Duty Wartime or Campaign Badge Veteran 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.

Three-Year 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.

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 (61 Fed Reg 1209).

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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 1/31/2017
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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.

¹ 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.