

# Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasions, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

## I. Personal Information

Name: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: \_\_\_\_\_

Skills/Training: \_\_\_\_\_  
\_\_\_\_\_

1. Do you have any relatives who are presently (or have formerly been) employed by Bairco Construction? \_\_\_\_\_

2. How were you referred to Bairco Construction? \_\_\_\_\_

3. Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Educational History

	School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Tech Training	_____	_____	_____
Military Service	_____	_____	_____
Special Training	_____	_____	_____

### III. Employment Record

*Please include all employment for the last five years*

1.

Company Name (Current or Most Recent Employer)

Position Held

Address

Dates Employed:

Manager / Supervisor

Telephone

Wage

Reason for Leaving

2.

Company Name

Position Held

Address

Dates Employed:

Manager / Supervisor

Telephone

Wage

Reason for Leaving

3.

Company Name

Position Held

Address

Dates Employed:

Manager / Supervisor

Telephone

Wage

Reason for Leaving

**Note:** Use a separate sheet to list additional employers if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)

Reason

(Employer's Name)

Reason

(Employer's Name)

Reason

## IV. References

*Please do not include relatives or former employers.*

1. _____	_____
Name	Years Known
_____	_____
Address	Telephone Number
_____	
Occupation	
1. _____	_____
Name	Years Known
_____	_____
Address	Telephone Number
_____	
Occupation	
1. _____	_____
Name	Years Known
_____	_____
Address	Telephone Number
_____	
Occupation	

## V. Work Availability

1. When will you be available to begin work? \_\_\_\_\_
2. Do you have any objection to working overtime? ( ) YES ( ) NO
3. Can you work overtime without prior notice? ( ) YES ( ) NO
4. Can you work on Saturday? ( ) YES ( ) NO
5. Can you work on Sunday? ( ) YES ( ) NO
6. Can you travel if required? ( ) YES ( ) NO

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_



## NOTIFICATION TO APPLICANTS & EMPLOYEES

### POLICY OVERVIEW

**Bairco Construction, Inc.** has a vital interest in maintaining safe, healthful, and efficient working conditions for all of its employees. Being under the influence of a drug or alcohol while on the job poses serious safety and health risks, not only for the user, but to all those who work with or otherwise come into contact with the user. The use, possession, or sale of illegal drugs or alcohol while on the job poses unacceptable risks for safe, healthful, and efficient operations.

**Bairco Construction, Inc.** (hereinafter also referred to as “Company”). Has developed a policy in conforming with Department of Transportation (DOT) Drug and Alcohol Testing Program Regulation 49 CFR Part 40 and Federal Motor Carriers Safety Administration (FMCSA) Regulation 49 CFR Part 382.

Drivers whose job/duties require them to possess a valid Commercial Drivers License (CDL), and those employees that may perform safety-sensitive functions regulated by DOT Agency Regulation are subject to the DOT testing regulations and *Company Policy*. Those employees covered by DOT regulations, and federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

### POLICY APPLICATION

The provisions of this drug and alcohol policy apply to **all employees** who work for **Bairco Construction, Inc.** the effective date of this policy is 4/20/2010.