

## Employment Application

<b>Personal Data</b>			
Name (Last, First, Middle)		Nickname	Date of Application
Current Street Address		City	State
Current Mailing Address (if different from above)		City	State
Telephone Numbers	Email:	Social Security Number:	
Are you legally eligible to work in the U.S.? (Proof of identity and legal right to work will be required upon employment.)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If you are not a U.S. citizen, do you have the legal right to remain in the U.S.?			
<input type="checkbox"/> Permanently	<input type="checkbox"/> Temporarily		
Have you ever been known by any other name(s)?		If yes, please list:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever applied with RCC before today?		If yes, complete the following:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approximate Date	Location
			Results
<b>Work Preference</b>			
Type of Position Desired		Salary Requirements	
		\$ per	
Date Available for Work			
Type of Employment Desired			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Intern
<input type="checkbox"/> Co-Op	<input type="checkbox"/> Other:		
<b>Employment History</b>			
<b>Please list your job history for the past seven (7) years in chronological order. You may attach a resume, but complete this application as well.</b>			
<i>(Applicant may include in such history any verified work performed on a temporary, cooperative, summer and/or volunteer work).</i>			
Present or Most Recent Employer	Type of Business	Telephone Number	Dates of Employment
			From: To:
Address (Street Number, City, State and Zip)		Starting Base Salary	
		\$ per:	
Job Title	Supervisor Name and Title	Final Base Salary	
		\$ per:	
Reason for Leaving		Describe Your Responsibilities	
		or <input type="checkbox"/> See Attached Resume	
May we contact this company?		If no, may we contact upon your acceptance of our employment offer?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No Contact Name:
Previous Employer	Type of Business	Telephone Number	Dates of Employment
			From: To:
Address (Street Number, City, State and Zip)		Starting Base Salary	
		\$ per:	
Job Title	Supervisor Name and Title	Final Base Salary	
		\$ per:	
Reason for Leaving		Describe Your Responsibilities	
		or <input type="checkbox"/> See Attached Resume	
May we contact this company?		If no, may we contact upon your acceptance of our employment offer?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No Contact Name:



**Employment History Continued**

Previous Employer	Type of Business	Telephone Number	Dates of Employment From:                      To:
Address (Street Number, City, State and Zip)		Starting Base Salary \$                      Per:	
Job Title	Supervisor Name and Title	Final Base Salary \$                      Per:	
Reason for leaving	Describe Your Responsibilities  Or <input type="checkbox"/> See Attached Resume		
May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, may we contact upon your acceptance of our employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Contact Name:		

Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving
Previous Employer (including address)	Dates of Employment From:                      To:	Telephone Number	Reason for Leaving

**Military Experience (Do not include ROTC)**

Be sure to include any special/technical training (show dates, names and addresses of schools)

Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization
Branch of Service	Dates of Service From:                      To:	Rank at Discharge	Occupational Specialization

**References**

Please list three persons best qualified to comment on your related experience and/or educational background.

Name	Relationship	Address	Telephone Number
Name	Relationship	Address	Telephone Number
Name	Relationship	Address	Telephone Number



**Education**

Name and address of high school(s), college(s) or other schooling (include street, city, state and zip).	Dates of Attendance	Years Completed	Major Studies/Degree(s)
	From:            To:	From:            To:	
	From:            To:	From:            To:	
	From:            To:	From:            To:	

**Scholastic Record (College Only)**

Undergraduate cumulative overall grade point average:	On a Scale of A =  Points	Rank in Class  <input type="checkbox"/> Top 10% <input type="checkbox"/> 1 <sup>st</sup> Qtr. <input type="checkbox"/> 2 <sup>nd</sup> Qtr. <input type="checkbox"/> 3 <sup>rd</sup> Qtr. <input type="checkbox"/> 4 <sup>th</sup> Qtr.	
Undergraduate grade point average in major field:	On a Scale of A =  Points	Graduate cumulative overall grade point average:	On a Scale of A =  Points

**Activities**

List school, campus, professional and/or community activities. Include any office(s) held. (If you wish, you may omit any organization or activity, the name of which indicates the race, sex, color, religion or national origin of its members.)

Name of Organization/Activity	Role/Position	Duties/Accomplishments	Dates (Include Month and Year)

List licenses, special training or skills you would like considered; e.g., Professional Engineer, CPA, programming, etc.

**Additional Information**

The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from employment.

Have you been convicted of a felony, have charges pending or have you been indicted? If yes, please state the date and disposition.	Do you currently use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been charged with a DWI/DUI's offense? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:	Are you able to pass a drug test:    Yes    No    If yes, explain:



**As An Applicant You Agree To And Understand The Following:**

1. You must provide proof of identity and authorization to work in the U.S. as required by the Immigration Reform and Control Act of 1986.
2. You will be required to meet the minimum age requirements of applicable laws.
3. The Company may conduct a drug test and investigations, including MVR, driver's license, criminal records, credit history, verification of prior employment history, professional certifications and education. By signing this application I hereby grant permission to any person, firm, or corporation to release to the Company or its representative any and all information regarding my past work or employment, and background. I waive any and all claims I might have with respect to the providing of such information.
4. I certify that the information provided in this Application is accurate. I understand that the withholding of information or the giving of false information on this application will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.
5. I understand that nothing in this Application or in the Company's personnel guidelines, handbooks, policies or procedures is intended to create, or does create, an employment contract between the Company and me. I further understand and agree that if I am offered employment by the Company it will be on an at-will basis. This means that either the Company or I may terminate the employment relationship at any time for any reason, with or without cause.
6. If you have signed an employment agreement, confidentiality agreement or any other document with a prior employer that might restrict your activities if hired by Ribbeck Construction Corporation, you must disclose this fact before a job offer is made. Failure to disclose such information is grounds for termination of your employment.

**I have read and understand the above.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Interviewed by: \_\_\_\_\_

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

Remarks:

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Hired: \_\_\_\_\_ For Dept \_\_\_\_\_ Position: \_\_\_\_\_

Will Report: \_\_\_\_\_ Salary Wages: \_\_\_\_\_

Approved: \_\_\_\_\_



# EEO-1 Self-Identification Form

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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 employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any 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.

(If also a federal contractor/subcontractor – add this clause): 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.

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(PLEASE PRINT)

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

Position(s) Applied For \_\_\_\_\_

Referral Sources:     Advertisement     Friend     Relative     Walk-In  
                           Employment Agency     Company Website     Other

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
          LAST                            FIRST                            MIDDLE

Address \_\_\_\_\_  
          NUMBER                            STREET                            CITY                            STATE                            ZIP CODE

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## EEO-1 Survey

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

Signed: \_\_\_\_\_

Check one:             Male             Female

**{Please Finish Survey on Back of Page}**

## EEO-1 Survey (Continued)

### ***Ethnicity:***

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, 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 categorie(s):

- 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 subcontinent 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 *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
  - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
  - 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 (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
  - one 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 discharge or release from active duty (recently separated veteran).

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FOR PERSONNEL DEPARTMENT USE ONLY

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Position(s) Applied For Is Open:     Yes         No

Position(s) Considered For: \_\_\_\_\_ Date \_\_\_\_\_

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