

Employer _____ Phone Number _____
Address _____ City/State/Zip _____
Job Title _____ Supervisor _____
Dates of Employment: from _____ to _____ Wage/Salary \$ _____
Summary of work performed _____

Reason For Leaving _____
May we contact for reference? _____

Employer _____ Phone Number _____
Address _____ City/State/Zip _____
Job Title _____ Supervisor _____
Dates of Employment: from _____ to _____ Wage/Salary \$ _____
Summary of work performed _____

Reason For Leaving _____
May we contact for a reference? _____

Employer _____ Phone Number _____
Address _____ City/State/Zip _____
Job Title _____ Supervisor _____
Dates of Employment: from _____ to _____ Wage/Salary \$ _____
Summary of work performed _____

Reason For Leaving _____
May we contact for a reference? _____

Employer _____ Phone Number _____
Address _____ City/State/Zip _____
Job Title _____ Supervisor _____
Dates of Employment: from _____ to _____ Wage/Salary \$ _____
Summary of work performed _____

Reason For Leaving _____
May we contact for a reference? _____

Comments (including explanation of any gaps in employment) _____

Summarize any special skills, certificates, licenses, accomplishments, activities, memberships that you would consider relevant to your ability to perform this job. (exclude any that would reveal race, color, religion, sex, national origin, disabilities, veteran or any other protected status) _____

If applicable, please list any environmental training or licenses that you currently hold. Please indicate the type of license, type of training, and applicable expiration dates and training dates.

| License (Lead, Asbestos, other) | Expiration Date | Training (Lead, Asbestos, other) | Dates of Training |
|---------------------------------|-----------------|----------------------------------|-------------------|
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REFERENCES

List the name and telephone number of three persons that are *not* related to you.

| 1. | Name | Telephone Number | Years Known |
|----|------|------------------|-------------|
| 2. | | | |
| 3. | | | |

APPLICANT'S STATEMENT

In signing this application, I certify that the information that I have provided is complete and accurate. I understand that if I am employed, any misrepresentation, omission, or falsification made by me will constitute grounds for cancellation of this application or immediate dismissal from the employer's services, whenever it is discovered.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position that I am seeking. I release from liability the employer and its representatives for seeking, gathering and using such information and all other parties for providing such information.

The employer is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, disability, veteran status or any other similarly protected status.

I understand and agree that, if employed, I will abide by the rules and regulations (which are subject to change) set forth by the employer.

I understand that, if employed, my employment is for no definite period of time and may be terminated by myself or the employer at any time with or without cause and without prior notice. **This application does not constitute an agreement or contract of employment.**

I understand that, if employed, I will be required to provide proof of identity and legal work authorization.

I have read and I understand the foregoing.

Applicant's signature _____

Date / / _____

Revised 3/2/00

Our company is committed to providing a safe work environment. To this end we have established programs that promote high standards of employee safety and health. It is recognized that the abuse of drugs and alcohol are a workplace danger. Therefore it is company policy to prohibit the use of drugs and alcohol in the workplace.

I understand that as required by the Department of Transportation, company policy, and/or contractual agreements that all prospective applicants must submit to substance abuse testing. This testing will include a urinalysis and may include alcohol testing by breath and/or saliva, and confirmed by blood alcohol testing or testing and confirmation by Department of Transportation approved breath analyzer. I acknowledge that if I test positive for abuse of controlled or illegal substances and/or alcohol, my application will be disregarded from further consideration.

In signing below, I certify that I have read, understand and accept the conditions of the company policy. I understand that it is a condition of employment and hereby consent to a drug and/or alcohol screen.

Print Name _____

Sign Name _____

Date / / _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize AAC Contracting, Inc. (the company) to investigate my background, references, employment record and other matters to my suitability for employment. This may include a criminal background check and a check of my driving record.

I also authorize my former employers or any third party to disclose to the company all reports and other information related to my suitability for employment, personal or otherwise.

I hereby release the company, its current and former employees, and all reference sources listed below on my resume or application from any and all claims, demands or liabilities arising out of, or related to, such an investigation or disclosure. I understand that if any of the information so collected is used to deny my employment; I have the right to receive a copy of the report(s) that disqualified me.

Printed Name of Applicant: _____

Signature: _____

Date: _____