



Application for Employment

General Contractors, Inc.

505 N. State Highway 121 • Mt. Zion, IL 62549 • P: (217) 864-4407 • F: (217) 864-2877

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the preference of a non-job related medical condition or handicap, or any other legally protected status.

Please Print

Position(s) applied for _____ Date of Application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # (____) _____ - _____ Cell Phone# (____) _____ - _____ E-mail Address _____

Birthdate ____/____/____ Drivers License # _____ State _____ Expiration Date ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- Walk-In _____
- Employee _____
- Advertisement _____
- R&R G.C. website _____
- Relative _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work? _____ Yes No

If **yes**, work number and best time to call:
(____) _____ - _____ : _____
AM PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If **no**, please explain: _____

Have you submitted an application here before? _____ Yes No

If **yes**, give date(s) and position(s): _____

Have you ever been employed here before? _____ Yes No

If **yes**, give dates: From _____ To _____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Shift Work Seasonal Temporary

Will you relocate if job requires it? _____ Yes No

Will you travel if job requires it? _____ Yes No

Are you on a lay-off and subject to recall? _____ Yes No

Will you work overtime if required? _____ Yes No

If **no**, please explain: _____

How many days were you absent or tardy from work in the past 12 months? Days _____

Please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

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

If **yes**, please provide date(s) and details: _____

This inquiry as to whether you have been convicted of a crime does not require you to disclose, verbally or in writing, any record of a conviction or arrest that has been expunged or sealed.

Have you been convicted of a felony within the last seven years? _____ Yes No

If **yes**, please provide date(s) and details: _____

An affirmative answer will not necessarily disqualify applicant from employment.

Employment History

Starting with your most recent employer, include military service assignments and volunteer activities.

You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Telephone () -	Dates employed: / to / Year
Street Address	City	State
Starting job title/final job title		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		

Summarize the type of work performed and job responsibilities.

What did you like most about the position?

What were the things you liked least about the position?

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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Special Skills (Check the appropriate boxes. Include skill level and years of experience.)

Skill levels: 4 = Very Well, 3 = Need Assistance, 2 = Little Experience, 1 = No Experience

<input type="checkbox"/> Stick Welder	Skill Level: _____	Years: _____	<input type="checkbox"/> Mobil Equipment	Skill Level: _____	Years: _____
<input type="checkbox"/> TIG Welder	Skill Level: _____	Years: _____	<input type="checkbox"/> Transit	Skill Level: _____	Years: _____
<input type="checkbox"/> MIG Welder	Skill Level: _____	Years: _____	<input type="checkbox"/> Read Blueprints	Skill Level: _____	Years: _____
<input type="checkbox"/> Plasma Arc Cutter	Skill Level: _____	Years: _____	<input type="checkbox"/> Field Measurements	Skill Level: _____	Years: _____
<input type="checkbox"/> Finish Concrete	Skill Level: _____	Years: _____	<input type="checkbox"/> Operate Hand Tools	Skill Level: _____	Years: _____
<input type="checkbox"/> Set Forms	Skill Level: _____	Years: _____	<input type="checkbox"/> Supervise	Skill Level: _____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			() -	
			() -	
			() -	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other protected status.

Organization	Offices Held

Is there any other job related information you want us to know about you? _____

Medical History

Do you consider your health as: Excellent Good Fair Poor

When was the last time you required a physician? Date _____

Explain _____

Have you had surgery or been hospitalized in the last 10 years? Yes No

If yes, explain _____

Do you have any health problems that would limit your work in any way? Yes No

If yes, explain _____

PLEASE NOTE: A DRUG AND ALCOHOL SCREENING TEST WILL BE REQUESTED IF HIRED. R&R GENERAL CONTRACTORS, INC. REQUIRES A NEGATIVE DRUG SCREEN PRIOR TO EMPLOYMENT.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, and local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information that is provided by me that is found to be false, incomplete or misrepresented in any aspect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

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