

BUTT CONSTRUCTION COMPANY, INC.

3858 Germany Lane, Dayton, Ohio 45431 * P. O. BOX 31306, Dayton, Ohio 45437

(937) 426-1313 * Fax 937/426-5323

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT DRUG TEST REQUIRED.

PRE-HIRE PHYSICAL ALSO REQUIRED.

TOBACCO USERS NEED NOT APPLY

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME			DATE
LAST FIRST MIDDLE			SOCIAL SECURITY NUMBER
ADDRESS			
STREET		CITY	STATE ZIP
PHONE NO.		Email address	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? yes <input type="checkbox"/> no <input type="checkbox"/>			
ARE YOU 18 YEARS OR OLDER? yes <input type="checkbox"/> no <input type="checkbox"/>			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	HOURLY WAGE OR SALARY DESIRED
CURRENT EMPLOYER		
MAY WE CONTACT YOUR PRESENT EMPLOYER?		CURRENT HOURLY WAGE OR SALARY
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		WHEN?
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SUPERVISOR	PHONE #	SALARY	POSITION	REASON FOR LEAVING
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

In case of emergency notify:

_____ Name

_____ Address

_____ Phone No.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

BUTT CONSTRUCTION CO., INC.
PRE-EMPLOYMENT DRUG TESTING AGREEMENT

I, _____, understand that as a candidate for hiring by Butt Construction Company I may receive a conditional offer for employment based in part upon my consent and submission to a drug test. This drug test will be performed on a specimen of urine or blood which I give voluntarily; and that, for accuracy, if the initial test is positive the test will be confirmed through a second more comprehensive test (GC/MS).

I understand that as a result of refusing to take the pre-employment drug test or if there is a positive result on such a test, I will not qualify for employment with Butt Construction Company and any employment offer extended or employment already begun will be withdrawn. I further understand that any employment offer extended to me is subject to Butt Construction Company's final review and approval of my application and hiring even if I have a negative result on my pre-employment drug test. This testing policy also does not modify the employment-at-will status between Butt Construction Company and myself.

I understand that to receive the results of my pre-employment drug test, I must submit a written and signed request to Butt Construction Company. The test results will then be made available to me within sixty days from Butt Construction Company's receipt of the request.

I also understand that to promote safety and health of its workforce and as a condition of employment, Butt Construction Company requires employees to comply with the Company Substance-Free Workplace Policy, which includes consenting to drug and alcohol testing. Further, that as an employee I may be subject to testing as it is required by the owner of any project in which Butt Construction Company serves as a contractor.

My signature verifies that I have reviewed and understand the pre-employment drug testing policy of Butt Construction Company. Further, I agree to submit to a pre-employment drug test and to allow the release of test results to Butt Construction Company.

Applicant's Signature

Date

Witnessed By

Date

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. § 1681b(b)(2)(B)**

I authorize Butt Construction Company to obtain a consumer report for employment purposes. I understand that the inquiry may include, but is not limited to: conviction records, motor vehicle records, credit checks, references, and copies of prior personnel files.

Name (please print)

Date: _____

Signature

Date of Birth

Social Security Number*

The purpose of obtaining your date of birth is limited to a means of identification in conducting a background screening. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are over 40 years of age.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681b(b)(2)(B).

*The number may be disclosed to a 3rd party that will conduct a background check.

Date _____

APPLICATION DATA RECORD

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, MEDICAL CONDITION OR DISABILITY.

AS EMPLOYERS/GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES.

SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENT, PLEASE FILL OUT THE APPLICANT DATA RECORD. WE APPRECIATE YOU COOPERATION.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

Position Applied For _____

Referral Source

- Advertisement
 Friend
 Relative
 Walk-In
 Employment Agency
 Other



Name (Last) (First) (Middle) Social Security Number

Address (Number) (Street) (City) (State) (Zip Code) Telephone Number

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THIS INFORMATION IS VOLUNTARY. IT WILL ONLY BE USED FOR AFFIRMATIVE ACTION ANALYSIS

AFFIRMATION ACTION SURVEY

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, DISABLED AND VETERAN STATUS OF APPLICANTS. THIS DATA IS FOR ANALYSIS AND AFFIRMATIVE ACTION ONLY. SUBMISSION OF INFORMATION ABOUT A DISABILITY IS VOLUNTARY.

Check One:

Check One of the Following:

- Male Female
 Race/Ethnic Group
 White
 Black/African American
 Hispanic/Latino
 Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Asian
 Two or More Races

Check if any of the following are applicable:

- Recently Separated Vet (1 yr from discharge/release)
 Disabled Veteran
 Armed Forces Service Mental Veteran
 Other Protected Veteran
 Disabled Individual