



**New Hire Packet
(Hourly-Union)**

Voluntary Equal Employment Opportunity Form

In compliance with Federal and State equal opportunity laws, this form is voluntary and any information gathered will not be used as a basis for considering qualified applicants. This form is kept separate from other Personnel File documents and is for regulatory reporting

Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

7

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

DeSilva Gates Construction

APPLICATION FOR EMPLOYMENT

Please tell us a little about yourself

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance may be requested.

Please Print

APPLICANT INFORMATION

Name (first, middle, last) Social Security Number Email Address
Present Address Street / Apt. No. City State Zip Code Phone Number
Permanent Address (if different) Street / Apt. No. City State Zip Code Cell Phone Number
Are you 18 years of age or older? Yes No Do you have a legal right to be employed in the U.S.? Yes (proof required) No

EMPLOYMENT DESIRED

Position Applying for: Laborer Operating Engineer Truck Driver Other:
Date Available Desired Salary / Hourly Pay Who referred you to our Company? Local Union No.
Have you ever worked for us before? If Yes, When & Where? Reason for leaving
Are you employed now? If No, when was your last day employed? Are you able to perform the essential functions of the job for which you are applying with or without accommodation? Yes No

FORMER EMPLOYERS - List former employers, starting with the most recent. Attach additional sheet if necessary.

Company Name Address, city, state, zip From: To: Position(s) held
Starting salary Ending salary Supervisor Phone number May we contact? Reason for leaving
Duties / responsibilities:

Company Name Address, city, state, zip From: To: Position(s) held
Starting salary Ending salary Supervisor Phone number May we contact? Reason for leaving
Duties / responsibilities:

Company Name Address, city, state, zip From: To: Position(s) held
Starting salary Ending salary Supervisor Phone number May we contact? Reason for leaving
Duties / responsibilities:

EDUCATIONAL BACKGROUND

High school(s) Location Years attended Did you graduate? Major/Minor studied
College(s) Location Years attended Did you graduate? Major/Minor studied
Graduate school(s) Location Years attended Did you graduate? Major/Minor studied
Trade, business or technical(s) Location Years attended Did you graduate? Major/Minor studied

MILITARY SERVICE

Describe any military service skills that may be relevant to the job you are applying for:

REFERENCES – Please give names of three persons not related to you whom you have known at least one year, include (2) supervisors

Name	Address	Phone	Years acquainted
Name	Address	Phone	Years acquainted
Name	Address	Phone	Years acquainted

SPECIAL SKILLS

Please list any special job related skills that you possess. (Certifications, safety education & training, operator certifications, equipment operation, etc.)

AUTHORIZATION – Important; please read carefully and initial each paragraph before signing.

Initial

- _____ "I declare under penalty of perjury that the information contained in this application and any resume or other documentation submitted is true and complete to the best of my knowledge."
- _____ "I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date."
- _____ "I agree to immediately notify the Company if I should be convicted of any crime while my job application is pending."
- _____ "I understand that after being offered employment I may be required to take a physical and mental examination. I consent to the release of any and all medical information and records that the examining physician requests."
- _____ "I am qualified and able to perform the duties of the job that I am applying for to the best of my knowledge with or without reasonable accommodation."
- _____ "I understand that, if hired, I may not hold other employment unless given permission in writing by the Company."
- _____ **Agreement for At-Will Employment** - "I understand and acknowledge that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the Company."
- _____ **Compliance With Rules** - "If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the Company."
- _____ **Release** - "I authorize the investigation of all statements contained in this Application for Employment (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in the Application for Employment (and accompanying resume, if any) to provide the Company with records, information, and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to the Company."

Signature of Applicant: _____ Date: _____

NAME: _____ DATE: _____

TRAINING RECEIVED	CERTIFIED		EXPIRATION DATE
	YES	NO	
40 Hour HAZWOPER	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Hour Annual Refresher (Latest Date)	<input type="checkbox"/>	<input type="checkbox"/>	_____
K-Rail – Rigging & Signaling	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSHA	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traffic Control	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flagger Certification	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	_____
CPR/First Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____

SKILLS ACQUIRED SKILL LEVEL
CIRCLE NUMBER: 1 = Least Skill, 5 = Most Skill

Grade Checking									
Eye Level	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Engineer's Rule	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Reading Survey Stakes	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Proper use of Hub	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Underground									
Pipe Laying	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Trench Safety/Soil Analysis	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Shoring/Shielding	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Forklift Operator Certification	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Skid-Steer Loader (Bobcat)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Welding									
Basic Arc Welding	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Oxy Torch Cutting	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Concrete									
Forming	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Finishing	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Asphalt Techniques									
Raking	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Shoveling	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Dumping	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Blueprint Reading									
Understand Legends	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		
Details & Sections	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5		

Other Training (Explain): _____

Comments: _____

Note: Any false information, omissions or misrepresentations of facts may result in rejection of application or discharge at any time during employment.

Operator Skill Assessment: History of hours over last 12 months

Blade	Cat 140		Cat 14		Cat 16		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
Finish AB								
Finish Pads								
GPS								
Total Hours last 3 years								

Compactor	815		825				Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000			less than 500	more than 1000
Process								
GPS								
Total Hours last 3 years								

Roller	Small Double Drum Vibratory		Large Double Drum Vibratory		Large Single Drum Vibratory		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
AC Breakdown								
AC Finish								
AB Finish								
Total Hours last 3 years								

Forklift	Gradall						Other Model - _____	
	less than 500	more than 1000					less than 500	more than 1000
K-rail								
Total Hours last 3 years								

Dozer	D4/D5		D6		D8/D10		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
Finish								
GPS								
Push								
Slope Board								
Slopes								
Total Hours last 3 years								

Excavator	Mini Exc		Cat 330		Hitachi 800		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
Grading								
Load Out								
Demo/Thumb								
Total Hours last 3 years								

Loader	Skiploader		Cat 950/966		Cat 973		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
Finish AC								
Finish Rock								
Subgrade								
Loadout								
Total Hours last 3 years								

Scraper	CAT 613/615/623/633		CAT 631		CAT 637/657		Other Model - _____	
	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000	less than 500	more than 1000
Finish AB								
Finish Pads								
GPS								
Total Hours last 3 years								

Gradesetter								
	less than 500	more than 1000						
W/ blade								
GPS								
ELI								
General								
Total Hours last 3 years								

Laborer								
	less than 500	more than 1000						
General								
AC Raker								
Concrete								
Gradesetter								
K-rail								
Subdrain								
Traffic Control								
Total Hours last 3 years								