

# Reliance Construction of Iowa, Inc.

## Application of Employment

<b>FOR OFFICE USE ONLY:</b> Date Received by HR: _____ Recruiter: _____
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Equal access to programs services, and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer and do not discriminate in any aspect of employment on the basis of race color, religion, gender, age, national origin disability, citizenship status, veteran status, or any other legally protected status in accordance with the requirements of federal, state, and local law.

<b>PLEASE PRINT</b>	<b>DATE:</b> /     /
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NAME: LAST, FIRST, MIDDLE	
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ADDRESS: STREET, CITY, STATE, ZIP	ARE YOU OVER 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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PERMANENT TELEPHONE AREA ( )	BUSINESS PHONE AREA ( )	MOBILE/CELL/MESSAGE PHONE AREA ( )
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TYPE OF WORK/POSITION DESIRED	
(1)	(2)

<b>REFERENCE SOURCE</b>	<input type="checkbox"/> Newspaper: Which Paper _____	<input type="checkbox"/> Job Source/workforce Center	<input type="checkbox"/> Employee Relative
	<input type="checkbox"/> Internet: Which site: _____	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Job Fair
	<input type="checkbox"/> Radio/TV: Which station: _____	<input type="checkbox"/> College Recruitment	
	<input type="checkbox"/> Other: name of source (if applicable) _____		

HAVE YOU EVER WORKED FOR THIS COMPANY OR ANY OF ITS SUBSIDIARIES OR AFFILIATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes indicate where when & reason for leaving:
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LIST ALL COMPANY EMPLOYEES YOU KNOW - SPECIFY IF RELATED TO YOU:
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ARE THERE ANY OTHER NAMES UNDER WHICH YOUR EMPLOYMENT OR EDUCATIONAL RECORDS REFERENCES AND OTHER INFORMATION IN THE APPLICATION MAY BE VERIFIED? IF SO, LIST:
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HAVE YOU EVER BEEN CHARGED OR CONVICTED OR ARE YOU SUBJECT TO PENDING CHARGES THAT IF PROVEN, COULD RESULT IN CONVICTION OF A FELONY?	<input type="checkbox"/> YES If yes, please explain (a conviction will not automatically bar an applicant from employment consideration)
	_____
	_____
	<input type="checkbox"/> NO

LIST THE STATES IN WHICH YOU'VE RESIDED IN THE LAST 7 YEARS	_____
	_____

Is your citizenship or immigration status such that you can lawfully work in the United States? (if offered a position employment and continued employment thereafter, will be dependent upon proof of ability to lawfully work in the United States.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**EMPLOYMENT HISTORY:** Give complete employment history, most recent employer first.

From (mo./yr.)	Company	Telephone Area	Starting Salary
To:(mo./yr.)	Street City State Zip	( )	\$ Per
			Final Salary
			\$ Per

Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
Specific Reason for Leaving							
From (mo./yr.)		Company		Telephone Area		Starting Salary \$ Per	
To: (mo./yr.)		Street City State Zip		( )		Final Salary \$ Per	
Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
Specific Reason for Leaving							
From (mo./yr.)		Company		Telephone Area		Starting Salary \$ Per	
To:(mo./yr.)		Street City State Zip		( )		Final Salary \$ Per	
Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
Specific Reason for Leaving							
From (mo./yr.)		Company		Telephone Area		Starting Salary \$ Per	
To:(mo./yr.)		Street City State Zip		( )		Final Salary \$ Per	
Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
Specific Reason for Leaving							
From (mo./yr.)		Company		Telephone Area		Starting Salary \$ Per	
To:(mo./yr.)		Street City State Zip		( )		Final Salary \$ Per	
Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
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From (mo./yr.)		Company		Telephone Area		Starting Salary \$ Per	
To:(mo./yr.)		Street City State Zip		( )		Final Salary \$ Per	
Supervisor's Name/Title		Type of Business		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no Why?	
Your Position (Title)		Responsibilities/Duties					
Specific Reason for Leaving							

List any additional employment history below. If more space is required, attach Supplement

Date		JOB TITLE	COMPANY NAME AND ADDRESS
From	To		
Date		JOB TITLE	COMPANY NAME A ADDRESS
From	To		

Explain any gaps in employment to above history?

List below any special skills, clerical skills, machines, or processes with which you have experience. Indicate length of time for each.

**EDUCATION AND TRAINING**

School Name	Located City and Sate	Date From /To	Graduated	Major Coourse and Degree Received
High School				If No, Cicle Grade Completed 7 8 9 10 11 12
College/University				
Other				

Are you attending school now? Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name	Subjects
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Languages-Mark the Languages in which you are proficient or list language you use.

	English	Spanish				
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES**

Provide the information requested below for at least three ersons who are knowledged of your work habits. Do not list relatives or friends.

NAME	ADDRESS	BUSINESS	TELEPHONE NO.

**MILITARY SERVICE**

Have you served in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch	Date Entered	Date Discharged	Rank At Discharge
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Special Training received in the Military

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**NOTICE:** Title 15 of the U.S. Code, Section 1681 and following, require that we advise you that a routine inquiry may be made which will provide appropriate information regarding character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application will be accepted by RCI subject to the following conditions:

- 1) I hereby authorize an RCI representatives to conduct a complete background investigation including, but not limited to, the release of the following information: employment, criminal, military, medical, or credit history. I voluntarily waive all rights to recourse and release any employer, law enforcement agency, credit bureau, health care provider, or insurance firm from liability for compliance with this authorization. I hereby release RCI and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any information or reports.
- 2) Job offers will be conditioned upon the results of the post-offer medical examination. I thereafter consent to take any physical examinations as may be required by RCI.
- 3) RCI maintains a drug-free workplace and therefore strictly prohibits the illegal manufacture, distribution, possession, use and resulting impairment, including being under the influence, of drugs or controlled substances on RCI premises or while conducting RCI business. All applicants must take and pass a drug/alcohol test after receiving a conditional offer of employment. Any failure or refusal to take the test at scheduled times will disqualify the applicant from employment. I thereafter consent to take any drug/alcohol test as may be required by RCI.
- 4) If employed, I agree to comply with all plant, field, and office rules and to wear or use protective clothing or equipment as required by RCI.
- 5) I hereby agree that, if employed, I will not divulge any information that is confidential to RCI or any of its subsidiaries or affiliates while employed or at any time thereafter.
- 6) I understand RCI is not obligated to hire me. If any employment relationship is established, I understand that I retain the right to terminate my employment at any time and that RCI retains a similar right.
- 7) I understand RCI, at its sole discretion, may alter, amend, or eliminate its existing employment policies, procedures, practices, compensation systems, and other privileges an benefits of employment at any time, with or without notice (except where notice is required by law).
- 8) I understand that statements contained in policies, practices, handbooks and other RCI material do not create any guarantee of employment. I understand that I may rely on statements to the contrary only if they are in writing and signed by an authorized RCI official.
- 9) RCI will consider your completed and signed application active for 30 days.
- 10) My signature below certifies that the information contained in this application is correct to the best of my knowledge, that any is a statement or omission of information in this application, including any supplemental information as a result of the selection and hiring process, is sufficient grounds for not hiring me or for immediate dismissal, and that I have read and understand the above information.

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

