

GRAVES CONSTRUCTION CO., INC.
PO BOX 1417 - 1810 340th STREET
SPENCER, IA 51301
PH(712) 262-2403 – FAX(712) 262-2405
www.gravesconst.com

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____

Street Apt# City State Zip

Telephone Number where you can be contacted _____

Are you at least 18 years of age? YES NO

What is your military status? _____

Are you prevented from becoming employed because of visa or immigration status? YES NO

(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

Will you be able to perform the essential functions of the position for which you have applied? YES NO

If NO, what accommodation to this condition would make it possible for you to do this job? _____

On what date what you be available for work? _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

Are you on a lay off and subject to recall? YES NO

Can you travel if a job required it? YES NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? YES NO

If YES, please specify the type of license: OPERATORS LICENSE COMMERCIAL DRIVERS LICENSE

List the following: License Number _____ Expiration Date _____

Have you had a motor vehicle accident or a moving violation in the past 3 years? YES NO

If YES, please explain _____

What types and makes/models of construction equipment can you operate or repair? _____

List any craft training programs in which you have participated? _____

(OVER)

LIST PREVIOUS EMPLOYMENT (LIST PRESENT OR LAST JOB FIRST)

DATES	EMPLOYER	ADDRESS	JOB HELD/DUTIES	WAGE/RATE	REASON FOR LEAVING

C. SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience _____

Do you have your own craft tools, clothing and other equipment? YES NO

Would you accept employment Out of town? Statewide? Unaccompanied by Family?

Have you attended High School, Vocation/Technical School or College? YES NO

If YES, please specify _____

D. GENERAL

Who should be notified in case of emergency?

NAME	ADDRESS	AREA CODE/PHONE NUMBER

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time providing that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer."

Signature _____ Date _____

<i>This employer does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin or handicap.</i>	AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
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FOR OFFICE USE ONLY:	REFERRED BY:
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"An Equal Opportunity Employer"

PHONE 712-262-2403
FAX 712-262-2405

1810 340th Street
P.O. Box 1417

SPENCER, IA 51301

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Graves Construction Co., Inc. to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Graves Construction Co., Inc. has designated Matt Graves, P.O. Box 1417, Spencer, IA 51301, 712-262-2403 as the EEO/AA Officer. Matt Graves has the responsibility to effectively administer and promote this policy, as is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Graves Construction Co., Inc. has an approved informal training and promotion program.

At this time, our company offers training programs in the following job classifications/areas:

Crane Operators

The qualification(s) to be considered for our company's training program, a prospective employee must be an employee in good standing and/or have supervisory approval. For further information, copies of individual job classifications/area training program outlines, you must request them from:

**Matt Graves, EEO/AA Officer
P.O. Box 1417
Spencer, IA 51301
712-262-2403**

VOLUNTARY SURVEY

Graves Construction Co., Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Graves Construction, it will not be used as employment criteria. Graves Construction is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

NAME: _____ **PHONE:** _____
(please print)

ADDRESS: _____
Street/P.O. Box City State Zip code

DATE: _____ **POSITION APPLIED FOR:** _____

REFERRAL SOURCE: How did you learn of this position?

_____ Advertisement (list newspaper) _____
_____ Friend _____
_____ Relative _____
_____ Walk-in _____
_____ Employment Agency (give name) _____
_____ Other (list source) _____

SEX (circle one): Male Female

ETHNIC ORIGIN (circle one):

White Hispanic American Indian/Alaskan Native
Black Asian/Pacific Islander Other

CIRCLE ANY OF THE FOLLOWING THAT ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Disabled Individual