



Application for Employment

We are an Equal Employment Opportunity employer committed to providing equal opportunity in all of our employment practices, including selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. We prohibit discrimination, harassment, and retaliation in employment based on race (including traits historically associated with race, such as hair length and texture as well as protective hairstyles, including braids, locks, and twists), ethnicity, religion, color, sex (including childbirth, breast feeding, and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state, and local laws.

APPLICANT INFORMATION		
Name (Last, First, Middle)	Cell Phone Number	
List any other names you have used that may be needed to verify this application	Email address	
Address (Street) (Apt or Unit)	Will you be age eighteen (18) or older by the preferred start date listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (City) Address (State) Address (Zip)	Date Available, to begin work	
In case of emergency contact name (Last, First, Middle)	Emergency Contact Phone	
Position Applied For	Desired Salary Range \$ _____ to \$ _____ per	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to Holder (check one)? <input type="checkbox"/> Walk-in <input type="checkbox"/> Online/Print Advertisement <input type="checkbox"/> Local Organization (Name: _____) <input type="checkbox"/> Associate Referral (Name: _____) <input type="checkbox"/> Other (Source: _____)		Location Preference
Have you ever worked for Holder Construction Company, LLC? <u>Position</u> <u>Location</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Employment Dates</u>
1. 2.		
Do you have friends/relatives currently employed by Holder Construction Company, LLC? <u>Name</u> <u>Relationship</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Location</u>
1. 2.		
Are you a U.S. Citizen or legally authorized to work in the U.S.? If no, what steps must be taken for you to begin work lawfully?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
School	Institution Name	City, State, Zip	Circle last year completed	Major/Course	Graduated
High School			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/Vocational			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Training which may be considered important to the position you are applying for:					
List any professional licenses or certifications you currently hold which may be applicable to the position:					

U.S. MILITARY			
Branch	# Years in Service	Highest Rank	Specialized training you received
Other military service or training which may be considered important to the position you are applying for:			

PRIOR EMPLOYMENT		<i>List last four employers or indicate N/A if not applicable.</i>	
Current or most recent last employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving (or still employed)	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
2 nd Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
3 rd Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
4 th Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
Please explain any gaps in employment.			
Have you been discharged, terminated, or asked to resign from any of the above positions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			

APPLICANT'S STATEMENT: I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to, selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age; race; color; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; religion; handicap or disability; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in this application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and

release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the Company may, to extent permitted by law, require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test. I consent to the release of the results of any such test to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment is at-will and that I can terminate my employment at any time with or without cause and with or without advanced notice and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President may do so in writing.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered at any time after I am hired.

Colorado Applicants: In any materials you submit, you may redact or remove age-identifying information such as age, date of birth, or dates of school attendance or graduation. You will not be penalized for redacting or removing this information.

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Massachusetts Applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PLEASE NOTE: DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS. APPLICATION WILL REMAIN ACTIVE FOR THIRTY (30) DAYS.

Applicant Signature

Date



Pre-Employment Voluntary Survey

Holder Construction Company is an Equal Employment Opportunity employer committed to providing equal opportunity in all of our employment practices, including selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. The Company prohibits discrimination, harassment, and retaliation in employment based on race (including traits historically associated with race, such as hair length and texture as well as protective hairstyles, including braids, locks, and twists), ethnicity, religion, color, sex (including childbirth, breast feeding, and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state, and local laws.

This voluntary survey assists us in complying with government record keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your Application for Employment or personnel file.

Applicant Name: _____ Date: _____

Check one:

Male Female

Check one of the following:

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the Black racial groups of Africa.)
- American Indian/Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Two or More Races (All persons who identify with more than one of the above five races.)
Specify races: _____

Check if any of the following are applicable:

- Veteran of the Vietnam Era (A person who served on active duty in the Republic of Vietnam or any other location between February 28, 1961, and May 7, 1975.)
- Special Disabled Veteran (A person who is or would be entitled to compensation under laws administered by the Department of Veterans' Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has a serious employment handicap, or a person who was discharged from active duty because of a service-connected disability.)
- Other Protected Veterans (A person who served on active duty in the U.S. military, ground, naval or air service during a war in a campaign or expedition for which a campaign badge has been authorized.)

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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