



EMPLOYMENT APPLICATION

Date: _____

PRINT (USE INK):

Name: _____ Telephone Number: (____) _____
First Middle Last [] Home or [] Other

Address: _____
City State Zip How Long? _____

GENERAL INFORMATION SECTION

(Use your normal handwriting for remainder of application. Answer every question. Attach a separate sheet, if more space is needed).

Position desired: _____ [] full-time [] part-time [] Temporary (summer)

How or by whom were you referred to us? _____

Date available for work: _____

Have you ever applied here before? [] Yes [] No

Are you over 18 years of age? [] Yes [] No

Are you legally eligible to work in this country? [] Yes [] No

Have you ever been convicted of a felony, misdemeanor, or any offense other than a minor traffic violation? (Convictions will not necessarily disqualify you from employment). [] Yes [] No

Explain: _____

EMPLOYMENT RECORD SECTION (Start with the PRESENT or most RECENT employer. List all previous employers, including self-employment, military service, summer and part-time jobs. Use a separate sheet, if needed.)

Present/Previous Employer: _____

Dates (Month/Year): From: _____ To: _____ Start Salary: \$ _____ End Salary: \$ _____

Position/Duties: _____ May we contact this employer? [] Yes [] No

Supervisor Name/Title: _____ Telephone Number: () _____

Mailing Address: _____

Reason for Leaving: _____

Previous Employer: _____

Dates (Month/Year): From: _____ To: _____ Start Salary: \$ _____ End Salary: \$ _____

Position/Duties: _____ May we contact this employer? [] Yes [] No

Supervisor Name/Title: _____ Telephone Number: () _____

Mailing Address: _____

Reason for Leaving: _____

Previous Employer: _____

Dates (Month/Year): From: _____ To: _____ Start Salary: \$ _____ End Salary: \$ _____

Position/Duties: _____ May we contact this employer? [] Yes [] No

Supervisor Name/Title: _____ Telephone Number: () _____

Mailing Address: _____

Reason for Leaving: _____

If presently employed, why do you wish to change position? _____

EDUCATION SECTION

SCHOOL	NAME AND ADDRESS	MAJOR COURSE/ SUBJECT	CIRCLE YEARS COMPLETED	DEGREE	GRADE POINT AVERAGE
HIGH SCHOOL OR PREP			1 2 3 4		
BUSINESS SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
GRADUATE WORK			1 2 3 4		

If you did not graduate, why and when did you leave school or college? _____

List scholastic honors, offices held, and activities in high school or college. Do not list organizations that reveal race, creed, color, national origin, religion, age, or sex.

ADDITIONAL TRAINING INFORMATION SECTION

List any advanced courses, vocational training or certificates you have completed which relate to the job for which you are applying. Use additional sheets if needed. (Example: If applying as a carpenter, list any job specific training, vocational certifications or seminars you attended. For administrative or office: Note training such as word processing, computer software classes or job specific training.

COURSE	DATES ENROLLED FROM/ TO	SCHOOL OR OTHER SPONSOR OF COURSE	MAJOR COURSE/ SUBJECT	GRADE/CERTIFICATE ACHIEVED

Are you planning to pursue further studies? Yes No If yes, when, where, and what course(s): _____

Use the space below to describe skills and aptitudes you feel qualify you for a position at this Company. You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, bookkeeping, word processing, or other skills. List only organizations that you consider relevant to your ability to do the job for which you are applying. Use additional sheets as necessary. Exclude organizations or activities that reveal race, religion, age, sex, national origin or ancestry, sexual orientation, disability or political persuasion.

REFERENCE SECTION Please list three references *other* than relatives. Providing this information gives this Company permission to contact the references listed.

Name: _____ Reference Type: Personal Business

Reference Address: _____

Telephone Number: () _____ How long have you known this reference? _____

Name: _____ Reference Type: Personal Business

Reference Address: _____

Telephone Number: () _____ How long have you known this reference? _____

Name: _____ Reference Type: Personal Business

Reference Address: _____

Telephone Number: () _____

How long have you known this reference? _____

DRIVING RECORD SECTION

The Federal Motor Carrier Safety Regulations and the Department of Transportation require the following information be maintained on all employees holding a DOT Medical Examiner's Certification or Commercial Drivers License. Fitzgerald's Heavy Timber Construction, Inc., requires all employees operating DOT numbered company vehicles to obtain and maintain their DOT certification and/or CDL. Obtaining a DOT certification and/or a CDL is not required as a condition of employment at FHTC, Inc., but employees who do not obtain them will be unauthorized to operate certain Company vehicles.

Drivers Licenses held by applicant (List all licenses ever issued to you -- current and past)

STATE	LICENSE #	TYPE	EXPIRATION DATE

Driving Experience

EQUIPMENT CLASS	EQUIPMENT TYPE (VAN, TANK, FLAT, ETC.)	DATES		APPX. NUMBER OF TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

Mishap Record for past three (3) years (10 years if CDL holder).

DATES	NATURE OF MISHAP (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST MISHAP			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

NAME OF APPLICANT _____

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask them of an employment interviewer before signing this application.

Fitzgerald's Heavy Timber Construction, Inc. is an equal opportunity employer and does not discriminate in its hiring or employment practices on the basis of race, color, religion, age, sex, national origin or ancestry, disability, marital status, veteran status, or status within any other group protected by applicable federal, state and local nondiscrimination laws. No questions on this application are intended to secure information to be used for such discrimination. Fitzgerald's Heavy Timber Construction is a drug-free environment and, as a condition of employment, you will be required to submit to a drug test after receiving an offer of employment, and as an ongoing condition of employment, you will be subjected to random drug and alcohol testing.

By signing your name below, you acknowledge and certify:

- That all statements made on this application are true and complete to the best of your knowledge.
- That you have withheld nothing that would affect this application unfavorably.
- That any offer you may receive from the Company is contingent upon your successful completion of the Company's total pre-employment screening process, including a drug test and your (the applicant) providing a certified copy of your driving record from the MVA.
- That you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

You also understand that nothing contained in this application or in the interview process is intended to create an employment contract between you and the Company. Should this application result in your employment, it will be an at-will relationship. You have a right to terminate your employment at any time and for any reason and the Company retains the same right. You agree to conform to the rules and regulations of the Company. You further understand that no person of the Company other than the President has any authority to enter into any agreement with you for any specified period of time or to guarantee any other benefits above the normal employee benefit package.

You further understand this entire statement applies to the period prior to and after you are hired.

You understand that past employers/educational institutions and/or the military will be contacted for references and that you authorize any such organization to provide the requested information. You further release and forever discharge the Company, its agents, its employees, and the individuals and companies contacted by this Company as part of its inquiries and investigations, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's inquiries and investigation of your credentials and information in connection with your application.

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I hereby acknowledge that I have read and understand each of the above statements. I authorize release of information about me to Fitzgerald's Heavy Timber Construction, Inc.

Signature of Applicant _____

Date _____

PRINT Name of Applicant _____

FOR INTERNAL USE ONLY (To be completed AFTER applicant is hired).



Part-Time \$ _____ Per _____ Date Hired _____ Title _____

Full-Time \$ _____ Per _____ Department _____ Supervisor _____

Schedule _____ Start Date _____ Termination Date _____

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DOT/CDL DRIVING RECORD

DOT drivers list all traffic convictions and forfeitures for the past three (3) years. CDL Drivers list past 10 years.

Location	Date	Charge	Penalty

(Attach sheet of more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain.

Employment Record
(Attach sheet if more space is needed)

Note: DOT requires listing employment for past three (3) years, CDL for past 10 years.

Last Employer: _____

Address: _____

Street City State Zip Code

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Salary: _____

Second Last Employer: _____

Address: _____

Street City State Zip Code

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Salary: _____

Third Last Employer: _____

Address: _____

Street City State Zip Code

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Salary: _____

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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information listed are true and complete to the best of my knowledge.

Date

Applicant's Signature

Note: A motor carrier may require applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.