

Are you under the age of 18? Yes No

If Yes, employment subject to verification of minimum legal age certificate or work permit.

Are you a United States citizen? Yes No

Are you able to provide proof that you can legally be employed in the United States? Yes No

What type of visa do you have? () student () permanent entry USA () other

VISA No: _____ Expiration Date: _____

| | |
|---|--|
| WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF INJURED, WILL YOU ACCEPT THE MEDICAL FACILITIES RECOMMENDED BY YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Have you ever been employed by SMI/TCC/NGB or any of its affiliated companies? Yes No
If Yes, From _____ to _____ Location _____

Has SMI/TCC/NGB or any of its affiliated companies ever denied you employment? Yes No
If Yes, give reason: _____

Do you have any relatives working for SMI/TCC/NGB or any of its affiliated companies? Yes No
If Yes: _____

Are you presently employed? Yes No (Name) _____ (Relationship) _____
If now employed, does your employer know of your plans to change employment? Yes No
May we contact your present employer? Yes No

Why do you desire a change in employment at this time? _____

Have you ever been discharged or asked to resign from a position? Yes No If Yes, Explain: _____

Have you ever held a position of trust (handling monies, securities of confidential material)? Yes No

Have you ever been bonded? Yes No Have you ever been refused a bond? Yes No
If Yes, give reason and date _____

Driver License Information

| State | License Number | Expiration Date | Class/Endorsements | Restrictions |
|-------|----------------|-----------------|--------------------|--------------|
| | | | | |

SECTION B: TRAFFIC CONVICTION RECORD (5 YEARS)

SECTION C: ACCIDENT RECORD (5 YEARS)

| Date | Penalty | Date | Description of Accident |
|------|---------|------|-------------------------|
| 1. | | 1. | |
| 2. | | 2. | |
| 3. | | 3. | |

Have you ever committed, pleaded "no contest", nolo or guilty, or been convicted of any crime, including but not limited to DWI or DUI? _____
If yes, explain: _____

If you are on PROBATION or PAROLE, state name of officer and telephone number:
Name: _____ Telephone No. _____

| | | |
|-------------------------------|----------------|--------------|
| IN CASE OF EMERGENCY, NOTIFY: | | |
| Name | Phone Number | Relationship |
| Address | City/State/Zip | |

Do you have transportation to work? Yes No Will you work non-standard hours and overtime when asked? Yes No
Are there any hours, shifts or days you will not work? If Yes, explain _____

NOTE: Answering "YES" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the position for which you are applying.

Start with most present or most recent employer: (Please explain any gaps in employment)

| | | | |
|--|----------------------|----------------|---------------|
| 1. Name of Employer | Address | City State Zip | Telephone No. |
| Immediate Supervisor (Name and Position) | Supervisor's Phone # | Date Hired | Starting Rate |
| Present or Final Position | Location | Date Left | Final Rate |
| Job Duties _____ | | | |
| Reason for Leaving _____ | | | |

| | | | |
|--|----------------------|----------------|---------------|
| 2. Name of Employer | Address | City State Zip | Telephone No. |
| Immediate Supervisor (Name and Position) | Supervisor's Phone # | Date Hired | Starting Rate |
| Present or Final Position | Location | Date Left | Final Rate |
| Job Duties _____ | | | |
| Reason for Leaving _____ | | | |

| | | | |
|--|----------------------|----------------|---------------|
| 3. Name of Employer | Address | City State Zip | Telephone No. |
| Immediate Supervisor (Name and Position) | Supervisor's Phone # | Date Hired | Starting Rate |
| Present or Final Position | Location | Date Left | Final Rate |
| Job Duties _____ | | | |
| Reason for Leaving _____ | | | |

| | | | |
|--|----------------------|----------------|---------------|
| 4. Name of Employer | Address | City State Zip | Telephone No. |
| Immediate Supervisor (Name and Position) | Supervisor's Phone # | Date Hired | Starting Rate |
| Present or Final Position | Location | Date Left | Final Rate |
| Job Duties _____ | | | |
| Reason for Leaving _____ | | | |

Equipment / Number of Years Experience:

DOZER: ___ D3 ___ D4 ___ D6 ___ D7 ___ D8 ___ D9 ___ D10
 SCRAPER: ___ Loader ___ Rubber Tire ___ Track ___ Backhoe ___ Excavator ___ Shovel
 GRADER: ___ Rough ___ Finish ___ Crane ___ Latticeboom ___ Hydraulic ___ Compactor
 DRILLER: ___ Airtrack ___ DownHoe Hammer ___ Hydraulic ___ Rotary Drill
 PAVING: ___ Paver ___ Broom ___ Roller ___ Dump Truck ___ Off Road ___ On Road

Skilled in / Number of Years Experience:

___ Concrete Finisher ___ Traffic Control ___ Safety ___ Pipelayer ___ Carpenter ___ Bridge ___ Form

___ Welder: Type of Experience: _____

___ Mechanic: Type: _____

Other Experience: _____

Describe Specific Training and/or Areas of Certification: _____

NOTICE TO APPLICANTS: This employer complies with the American With Disabilities Act of 1900. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application or otherwise relevant to my employment and hereby give the Employer permission to contact schools, previous employers, references, state agencies, and others, and hereby release the employer from any liability as a result of such contact. I also authorize the company to provide truthful information concerning my employment to future potential employers and hold it harmless for providing such information. If employed, I authorize the employer to obtain my personal consumer reports for use in connection with my employment. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while SMI/TCC/NGB attempts to provide steady, continuous work, the company has no employment contracts and cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including business/economic conditions, changes in laws of Employer policies, conformity to our work rules, job performance, etc.

If employed, I agree to conform to the rules and regulations of SMI/TCC/NGB and I understand that as a condition of my employment and continued employment, I will be required to submit to any testing for the presence of drugs or alcohol. I also agree that, just as I have, if hired, the right to terminate my employment any time, with or without cause, and with or without notice, SMI/TCC/NGB may terminate my employment any time with or without cause or notice. I understand that no manager or representative of SMI/TCC/NGB other than the President of SMI/TCC/NGB has any authority to enter into any agreement for employment for any specified period of time or make any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that even an agreement by the President must be in writing and signed by him/her for it to be binding on either SMI/TCC/NGB or myself. I further understand that this supersedes any prior oral or written understanding and bars any further oral understanding to the contrary.

This application will remain active for sixty (60) calendar days from the date completed. If you have not obtained employment within 60 days, but remain interested in obtaining employment with SMI/TCC/NGB, you must either reapply or notify us in writing of your desire to be considered for an additional 60 days.

I HEREBY DECLARE ALL THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT. I FURTHER DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS OF MY OWN FREE WILL AND IN ACCORDANCE WITH MY OWN JUDGEMENT.

SIGNATURE _____ DATE _____

SMI/TCC/NGB is an equal employment opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel that you may have been discriminated against at any time, for any reason, contact the SMI/TCC/NGB EEO Officer immediately so that we may address your concerns.