

Application for Employment

Woodall Construction Co., Inc.
 1332 Cahill Drive
 Lexington, KY 40504-1164
 (859) 233-2909

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIPCODE

Telephone# () _____ Mobile/Beeper/Other Phone# () _____ Social Security# _____

If necessary, best time to call you at home is:_____ AM
 _____ PM

May we contact you at work? Yes No

If yes, work number and the best time to call () _____:_____ AM
 _____ PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) /____/_____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work /____/_____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ _____ Per _____	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ _____ Per _____	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ _____ Per _____	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ _____ Per _____	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ _____ Per _____	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ _____ Per _____	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ _____ Per _____	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ _____ Per _____	

Comments INCLUDING ANY EXPLANATION OF ANY GAPS OF EMPLOYMENT _____

Skills and Qualifications – Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

List special accomplishments, publications, awards, ect.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

**Woodall Construction Company, Inc. will run a
Motor Vehicle Report on your Driving Record.**

Is there a problem with your Driving Record?

YES _____ NO _____

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

DRIVER EXPERIENCE & QUALIFICATION

(cont'd) Answer the questions in this section only if applying for a driver position.

LICENSES

Drivers Licenses held in past 3 years must be shown.	State	License No.	Class	Endorsement(s)	Expiration Date

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 you answered "yes" to A or B, attach a statement giving details.

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS (more than 8 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
MOTORCOACH - SCHOOL BUS (more than 15 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
OTHER				

List states operated in during last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space needed)

Dates	Nature of Accident (Head-On, Rear-end, ect)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS for past 3 years (other than parking violations) If none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Driver's Certification Form

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of
Conviction

Offense

Location

Type of motor
vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of certification)

(Driver's signature)

(Motor carrier's name)

(Motor carrier's address)

(Reviewed by: Signature)

(Title)

REQUEST INFORMATION FROM PREVIOUS EMPLOYER

TO: _____
(Former Employer - Name) (Date)

I hereby authorize the above named company to provide Woodall Construction Company with my work history, safety performance history, accidents, and drug/alcohol testing records as required by applicable Federal Motor Carrier Safety Regulations. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

(Applicant's signature, Date) (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to Woodall Construction Company, Inc. for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

From: _____ Title: _____
 Company: Woodall Construction Co., Inc. Address: 1332 Cahill Drive
 City: Lexington State: Kentucky Zip: 40504
 Phone: 859-233-2909 Fax: 859-281-6259

Name of Applicant: _____ Social Security No: _____
 Job Applying for: _____

Did this applicant work for you as a _____ from _____ to _____
YES or NO If no, please explain: _____

If employed as a driver, please answer the following:
 Company driver? _____ Owner/Operator? _____ Other? _____

Type of tractor operated: _____ Type of tractor pulled: _____
 Other equipment operated: _____ Commodities transported? _____

Accidents? **YES** or **NO** If yes, please give the date and a brief description of each accident:

Traffic violations? **YES** or **NO** If yes, please list all including the date and type of violation:

License(s) suspended? **YES** or **NO** If yes, please list the date(s) of suspension:

Type of drivers license: _____ State: _____ Number: _____

Any problem with bonding **YES** or **NO** If yes, please explain: _____

Why did this employee leave your company? Discharged _____ Laid off _____ Resigned _____

Would you reemploy this person? **YES** or **NO** If no, please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** _____ **NO** _____
2. Did the employee have verified positive drug tests? **YES** _____ **NO** _____
3. Did the employee refuse to be tested? **YES** _____ **NO** _____
4. Did the employee have other violations of the DOT agency drug and alcohol testing regulations? **YES** _____ **NO** _____
5. Did the previous employer report a drug and alcohol rule violation to you? **YES** _____ **NO** _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES** _____ **NO** _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation. (e.g. SAP report, follow-up testing record).

Name and title of person completing reference: _____

Date: _____ Phone: _____