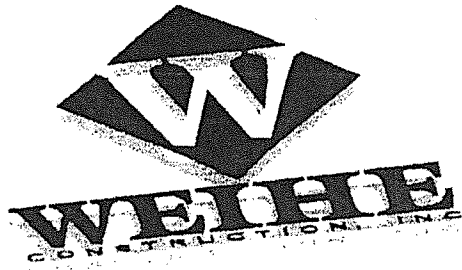


Office  
 Mechanic  
 Field: Operator/Laborer



## APPLICATION FOR EMPLOYMENT

<b>PLEASE PRINT CLEARLY</b>				DATE _____
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Street		City	State	Zip
How long at this address? _____		Social Security No. _____ - _____ - _____		
Home Phone: (    ) _____		Cell Phone: (    ) _____		
Are you 18 years of age or older? ( ) Yes ( ) No				
I attest, under penalty of perjury, that I am (check one of the following):			Have you ever applied with us before? ( ) Yes ( ) No	
_____ A citizen or national of the United States			If Yes, when did you apply? _____	
_____ A Lawful Permanent Resident				
_____ An alien authorized to work until ____/____/____				
Month Day Year				
ARE YOU AVAILABLE FOR OVERTIME, BOTH DAILY AND WEEKEND? ( ) Yes ( ) No				
TYPE OF EMPLOYMENT DESIRED? <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full- Or Part-Time				
Position applying for:			Salary desired:	
When are you available to begin work?				

### EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license: Number \_\_\_\_\_ State of issue \_\_\_\_\_ Exp. date \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**REFERENCES:**

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone ( )	Telephone ( )

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY:**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE ARMED FORCES OR NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## WORK EXPERIENCE:

Please list your work experience, beginning with your most recent job held. If you are applying for a commercial driver position, include employers for the past 10 years. If you were self-employed, give the name of the firm. Attach additional sheets if necessary.

_____ Company Name	(_____) _____ Telephone
_____ Address	From _____ to _____ Dates employed
_____ Job Title & Duties	_____ Rate of Pay
_____ Supervisor's Name & Title	_____ Reason For Leaving
_____ Types of equipment or vehicles operated	

_____ Company Name	(_____) _____ Telephone
_____ Address	From _____ to _____ Dates employed
_____ Job Title & Duties	_____ Rate of Pay
_____ Supervisor's Name & Title	_____ Reason For Leaving
_____ Types of equipment or vehicles operated	

_____ Company Name	(_____) _____ Telephone
_____ Address	From _____ to _____ Dates employed
_____ Job Title & Duties	_____ Rate of Pay
_____ Supervisor's Name & Title	_____ Reason For Leaving
_____ Types of equipment or vehicles operated	

**Disclosure under Fair Credit Reporting Act  
and  
Consent to Procurement of Motor Vehicle Report  
for  
Employment Purposes Form**

The undersigned hereby authorizes Weike Construction, Inc.  
Name of employer

or its insurance agency Tobias Insurance Group, Inc., or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License number and State: \_\_\_\_\_



Employer should retain these records for a **MINIMUM** of **TWO** years after: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.



A copy of the "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Weihe Construction, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Weihe Construction, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Weihe Construction, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Weihe Construction. Your application will remain active for 90 calendar days.