### ADAMS ROBINSON APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or union affiliation.

- Please review the instructions listed below carefully before filling out this Application. Failure to follow the instructions will result in the exclusion of your Application.
- This Application will be kept on file for 60 days. If you wish to be considered for employment after 60 days from the date you submit your Application, you must reapply in person.
- Answer only the questions asked. DO NOT include any extraneous information which would indicate your race, age, color, sex, religion, national origin, disability or union affiliation. Since we are an Equal Opportunity Employer, information relating to those factors has no place in our hiring process.
- Applicants may apply for only one position at Adams Robinson.
- Adams Robinson may request an investigative consumer report in connection with the routine processing of your Application for Employment.

### PERSONAL DATA

Name	
Social Security No.	Home Phone No. ()
Home Address	
City/State/Zip Code	
In Case of Emergency Notify	Phone:
Do you have a legal right to be en	nployed in the United States?YESNO
Are you of legal age to work?	YESNO
Job position for which you are ap	plying
Who referred you to Adams Robi	nson?
Will you work overtime? YE	S NO Will you travel if required: YES NO
Have you ever been employed by	Adams Robinson before YES NO (If yes, please give the
approximate date of employment)	I
Do you have a full-time or part-time	me position with another employer that would continue if you were hired by
Adams Robinson? YES	NO
Have you ever been convicted of	a felony in the past five (5) years?
NOTE: A yes answer does not a	automatically disqualify you from employment, since the nature of the
offense, date and type of job for w	hich you are applying will be considered.
YES NO (If yes, please	explain)

Education Level	School Name & Location	# Years	Graduate? Yes/No	Degree/Major
High School				
College				
Trade of Business				

#### PREVIOUS EMPLOYMENT

Please list all of the previous employers for whom you have performed actual construction work at a jobsite within the past ten years. List the most recent employer first. Applicants for office positions should list all previous employers or attach a resume. **DO NOT** include any information concerning work other than that which was performed on a construction jobsite. **DO NOT** include employment in non-related areas such as office work, fast food restaurants, or work as a union business agent or organizer. Please use additional sheets if necessary.

May we contact your most	recent employer?	YES NO		
Company Name			_ Phone No.	
Address		Employed From _	То	_Wage/Salary
Job Position	Duties		Supervisor	
Reason for Leaving				
Company Name			_ Phone No.	
Address		Employed From _	То	_Wage/Salary
Job Position	Duties		Supervisor	
Reason for Leaving				
Company Name			_ Phone No.	
Address		Employed From _	То	_Wage/Salary
Job Position	Duties		Supervisor	
Reason for Leaving				
Company Name			_ Phone No.	
Address		Employed From _	То	_Wage/Salary
Job Position	Duties		Supervisor	
Reason for Leaving				

"I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the Application shall be grounds for dismissal. I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date: \_\_\_\_\_\_ Signature: \_\_\_\_\_\_

### APPLICATION FOR EMPLOYMENT WAIVER (Please Read Carefully)

In exchange for the consideration of my Application for Employment by Adams Robinson, 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 Adams Robinson practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Adams Robinson, or otherwise to change in any respect the employee-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an authorized representative of Adams Robinson.

I authorize the investigation of all statements contained in my Application for Employment, and understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give Adams Robinson permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Adams Robinson from any liability as a result of such contact. I agree that Adams Robinson or any of its subsidiaries shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on my Application for Employment.

I understand that Adams Robinson has a safety policy and a drug free workplace policy that 1.) in part, provides for drug testing in the event of a job related accident, and pre-employment testing; 2.) consent to and compliance with such a policy is a condition of my employment; and 3.) continued employment is based upon successful passing of testing under such policy. I agree to sign an authorization to release such information necessary for such an investigation to be conducted.

I understand that, in conjunction with the routine processing of my Application for Employment, Adams Robinson 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, Adams Robinson will provide me with additional information concerning the nature and scope of any such report requested by them, as required by the Fair Credit Reporting Act.

I further understand that my employment with Adams Robinson shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relations with Adams Robinson is terminable at will for any reason by either party. In addition, I understand that no promise, representation or agreement to the foregoing is binding on Adams Robinson unless it is made in writing and signed by me and an authorized representative of Adams Robinson.

Signature of Applicant:	D	ate:

## Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

ADP Screening and Selection Services 301 Remington Street Fort Collins, Colorado 80524 800-367-5933

Applicant's Name:	(Please Print)	
Applicant's Address:		
City/State/Zip:		
Signature:		
Social Security Number:		

Give copy with Summary of Rights to applicant. Retain a copy for your files.

Para informacion en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- · Your file contains inaccurate information as a result of fraud;
- · You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="http://www.ftc.gov/credit">www.ftc.gov/credit</a> for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="http://www.ftc.gov/credit">www.ftc.gov/credit</a> for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

 Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <u>www.ftc.gov/credit</u>.

• You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• Identity theft victims and active duty military personnel have additional rights. For more information, visit <u>www.ftc.gov/credit</u>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108- 2638 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# **Release Authorization**

### Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by \_\_\_\_\_\_ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_\_\_. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST		MIDDLE	
Please print other names you have used					
Home Address					
City		State		Zip Code	
Social Security Number		Date of Birth			
The following states require sex a	nd race to obtain information: AL	, AR, FL, GA, IA, IL, IN,	, MI, OR, SC, <sup>-</sup>	TX, WI	
Sex: 🗌 Male 🗌 Female	Race: 🗌 Asian	Black	🗌 Hispanic	White	C Other
Driver's License Number	State	e Issuing License			
Name as it appears on license					
Signature	Toda	iy's Date	· · · · ·		
If required, notarize here. When using an e pencil before faxing.	nbossed seal, please shade with a	Subscribed and sworn b	efore me:	<u> </u>	
		Name			*******
		Date			
		Notary Public			
		My Commission Expires			

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!