

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason For Leaving

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I have been asked and hereby affirm that I can read and understand the English Language

Date _____ Signature _____

If a dispute arises out of or relates to this application or the breach thereof, and the dispute can not be settled through negotiation, the parties agree, for claims of FIVE THOUSAND DOLLARS (\$5,000.00) AND UNDER first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its National Rules for the Resolution of Employment Disputes (NRRED) before resorting to Arbitration. Any disputes not settled through Mediation shall be settled by final and binding Arbitration administered by the AAA under its NRRED and judgement upon the award rendered by the Arbitrator may be entered into by any Court having jurisdiction thereof.

Date _____ Signature _____

Are you a U.S. Citizen? ___ Yes ___ No	Sex ___ Male ___ Female	Are you over 18 years of age? ___ Yes ___ No
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Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court

Yes No If "Yes," describe in full.

Have you ever failed, refused to take or had a negative dilute or adultered DOT alcohol or controlled substance test Yes No If "Yes," describe in full

IMPORTANT: This application does not constitute an offer of employment. All Offers of employment are contingent upon a pre-employment drug testing and a medical examination by a physician designated by John J. Brennan Construction Company, Inc., taken after a job offer is extended but before starting work, indicating that the applicant is able to perform the duties of the job applied for and shall include for each person applying for a position involving the operation or repair of trucks, equipment or other machinery or as required by law, drug testing. As a condition of employment, each employee must agree to be bound by and fully comply with the terms and conditions stated in the John J. Brennan Construction Company, Inc. Policy Manual, as amended from time to time. A copy of the manual will be provided. Said Policy Manual provides, in part, for legal and/or random drug testing and search of lockers, desks, containers, etc. on Company property.

I am aware that my hours and/or shift may change at sole discretion of the employer.

I certify that the information given by me in this application is true in all respects, and I agree that if I am employed and the information is found to be false or misleading in any respect, I will be subject to immediate dismissal if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, references and any other persons to answer all questions asked concerning my ability, character, and previous employment record. I release all such persons and this Company from any liability or damages on account of having sought or furnished such information.

Should I be employed, I understand that such employment will be on a probationary basis for a period of ninety (90) days from the date of hire. I further understand that completion of the probationary period will not result in any employment contract, or employment for any specific term, but that I shall remain employed solely on an at-will basis. I understand that the at-will basis of my employment may only be altered by writing signed by an officer of the John J. Brennan construction Company, Inc.

In making this application for employment, I understand that a consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends, former employers, or others with whom I am acquainted. This inquiry includes information about my character, general reputation, medical history and personal characteristics.

I understand that this application will only be considered for 30 days and that if the Company does not employ me during this period, it will be necessary for me to file a new application for employment with the Company for further consideration.

The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal.

I understand that acceptance of an offer of employment does not create an employment contract or a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you agree to provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date _____ Signature _____

APPLICANT COMPLETE THE FOLLOWING
Release Authorization

1. In connection with my application for employment, I understand that 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.
2. 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 which provided the information.
3. 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.
4. Minnesota applicants only. If you want a copy of the report(s) check this box . The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information described in Section 1.

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 request for or release of any of the above mentioned 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: _____

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number: _____ State Issuing License: _____

Name as it appears on license: _____

Signature: _____ Today's Date: _____

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name: _____

Date: _____

Notary Public: _____

My commission expires: _____

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