



# BRENNAN

JOHN J. BRENNAN CONSTRUCTION COMPANY, INC

**INTEGRITY. PRIDE. VERSATILITY.**

## Application for Employment

**AN EQUAL OPPORTUNITY EMPLOYER**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

### Personal Data

Last Name, First Name, Middle Initial		Date
Street Address		Home Telephone
City, State, Zip		Business Telephone
Position Desired	Pay Expected	Email
Are you available for full-time work? <b>YES                  NO</b>	Are you legally eligible for employment in the United States? <b>YES                  NO</b>	Will you work overtime if asked? <b>YES                  NO</b>
Sex <b>MALE                  FEMALE</b>	Are you a United States Citizen? <b>YES                  NO</b>	Are you over 18 years of age? <b>YES                  NO</b>
Social Security #	Other special training or skills (languages, machine operation, etc.) and licenses?	

### Education

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS/ TRADE/ TECHNICAL					
HIGH SCHOOL					
ELEMEN- TARY					
OTHER					

### Licenses & Certifications

OSHA 10	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
UNION	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LOCAL # _____
CDL LICENSE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LICENSE # _____



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### Employment History

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

Company Name	Telephone
Address	Employed - (Month/Year) <b>FROM TO</b>
Name of Supervisor	Weekly Pay <b>START LAST</b>
Job Title and Description of Work	Reason For Leaving

Company Name	Telephone
Address	Employed - (Month/Year) <b>FROM TO</b>
Name of Supervisor	Weekly Pay <b>START LAST</b>
Job Title and Description of Work	Reason For Leaving

### Specialized Experience

Description	YES	NO	Years	Description	YES	NO	Years
Paving				Masonry Work			
Water				Utility			
Electrical Transmission				Gas / OQ			
Sewer				Other			
Piping				Other			
Sidewalks				Other			
Concrete				Other			

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 cannot 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 Institute of 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 judgment upon the award rendered by the Arbitrator may be entered into by any Court having jurisdiction thereof.

Date:

Signature:



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<p>Have you ever failed, refused to take, or had a negative dilute or unaltered DOT alcohol or controlled substance test?</p> <p style="text-align: center;"><b>YES                  NO</b></p>	<p>If "Yes" describe in full:</p>
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### 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 the sole discretion of the employer.

I certify that the information given to 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 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:



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### APPLICANT TO 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: worker's compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and worker's 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 D. 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.

PRINT FULL NAME (Last, First, Middle Initial)			
PRINT OTHER NAMES YOU HAVE USED (Last, First, Middle Initial)			
MAILING ADDRESS (Street, Apt or Suite #, City, State, Zip Code)			
SOCIAL SECURITY #	DATE OF BIRTH	RACE <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:	
DRIVERS LICENSE #	NAME AS IT APPEARS ON LICENSE	STATE ISSUING LICENSE	SEX
X Signature		Date	

IF REQUIRED, NOTARIZE HERE. When using an embossed seal, please shade with pencil before faxing.

Subscribed and sworn before me:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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



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COMPANY John J. Brennan Construction Co.	STREET ADDRESS 70 Platt Rd	CITY, STATE, ZIP Shelton, CT 06484
NAME (First, Middle Initial, Maiden Name if applicable, Last)		
ADDRESS (Street, Apt/Suite #, City, State, Zip Code)		YEARS AT THIS ADDRESS
DATE OF BIRTH	SOCIAL SECURITY NUMBER	HIRE DATE
EMAIL ADDRESS	HOME NUMBER	MOBILE NUMBER

### Previous Three Years Residency (Attach sheet if more space is needed)

ADDRESS (Street, Apt/Suite #, City, State, Zip Code)	YEARS AT THIS ADDRESS
ADDRESS (Street, Apt/Suite #, City, State, Zip Code)	YEARS AT THIS ADDRESS
ADDRESS (Street, Apt/Suite #, City, State, Zip Code)	YEARS AT THIS ADDRESS

### License Info

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at anytime have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXP DATE
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### Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES (From MM/YY to MM/YY)	APPROX. # OF MILES (Total)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

### Accident Record for Past 3 Years or More

(Attach sheet if more space is needed)

DATE (MM/DD/YYYY)	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Traffic Convictions Past 3 Years

(Do not include Parking Violations)

DATE CONVICTED (MM/YY)	VIOLATION	VIOLATION STATE	PENALTY (Forfeited bond, Collateral and/or Points)

A.) Have you ever been denied a license, permit, or privilege to operate a motor vehicle?: **YES NO**

If yes, explain: \_\_\_\_\_

B.) Has any license, permit, or privilege ever been suspended or revoked?: **YES NO**

If yes, explain: \_\_\_\_\_



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### Employment Record

(Attach sheet if more space is needed)

Applicants that desire to drive in Intrastate/Interstate commerce must provide the following information on all employers during the previous three years. You must give the same information to all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). You must include the complete mailing address (street number and name, city, state, and zip code).

Last Employer Name		Telephone	
Address			
Position Held	From (MM/YY) To (MM/YY)	Salary	
Reason(s) for Leaving			
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MM/YY) AND REASON			
Were you subjected to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second Employer Name		Telephone	
Address			
Position Held	From (MM/YY) To (MM/YY)	Salary	
Reason(s) for Leaving			
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MM/YY) AND REASON			
Were you subjected to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Third Employer Name		Telephone	
Address			
Position Held	From (MM/YY) To (MM/YY)	Salary	
Reason(s) for Leaving			
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MM/YY) AND REASON			
Were you subjected to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

*Note:* A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.