John J. Brennan Construction Company., Inc.

Date

APPLICATION FOR EMPLOYMENT

Middle

First

Last Name

	Street Address		Home Telephone						
n	City, State, Zip			Business Telepho	one				
p									
Ε			()						
R	Position Desired		Pay Expected						
S									
	Are you available	for full-time work?			Will you work ove	ertime if asked?			
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N		Yes		10	•	Yes		() No	
Α	Are you legally elig	ible for employment in the United Stat	es?		Social Security #				
	()	Yes	() 1	No					
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	School Name and Location of School		Course of Study		No. Years Completed	Did you Graduate?	Degree or Dip	oloma	
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0	Elementary								
N									
	Other								
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U	NION:	() Yes	() No	LOCAL#:				
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C	DL License	()Yes	() No					

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 - (M	onth/Year)		
					From		То	
Name of Supervisor					Weekly Pay			
					Start		Last	
Job Title and Description of Work					Reason For Le	aving		
Company Name					Telephone			
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Address					Employed - (M	lonth/Year)		
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Job Title and Description of Work					Reason For Le	Reason For Leaving		
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	YES	NO	SPECIALIZE	Description	YES	NO	#OF YEARS	
Paving	YES	NO		Description Masonry Work	YES	NO	#OF YEARS	
Paving Water	YES	NO		Description Masonry Work Utility	YES	NO	#OF YEARS	
Paving Water Electrical Transmission	YES	NO		Description Masonry Work Utility Gas / OQ	YES	NO	#OF YEARS	
Paving Water Electrical Transmission Sewer	YES	NO		Description Masonry Work Utility Gas / OQ Other	YES	NO	#OF YEARS	
Paving Water Electrical Transmission Sewer Piping	YES	NO		Description Masonry Work Utility Gas / OQ Other Other	YES	NO	#OF YEARS	
Sewer	YES	NO		Description Masonry Work Utility Gas / OQ Other	YES	NO	#OF YEARS	
Paving Water Electrical Transmission Sewer Piping Sidewalks	YES	NO		Description Masonry Work Utility Gas / OQ Other Other Other	YES	NO	#OF YEARS	
Paving Water Electrical Transmission Sewer Piping Sidewalks Concrete			#OF YEARS	Description Masonry Work Utility Gas / OQ Other Other Other Other		NO	#OF YEARS	
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Are you a U.S. Citizen?			Sex		Are you over 18 years of age?		
(() Yes () No		()Male ()Female		() Yes	() No	
Have you ev	er failed, refus	ed to take, or had a	a negative dilute or unalt	ered 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 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

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: 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.

Drint full name:

Lact

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.

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Street Address				
City_				StateZip Code
Social Security #				
Date of Birth				
Sex	□ Male	□ Female		
Race	□ Asian	□ Black	□ White	
	□ Hispanic	□ Other		
Driver's License #			<u> </u>	State Issuing License
Name as it appears on license				
Signature				Date
IF REQUIRED, NOTARIZE HERE When using an embossed seal, plea	se shade with per	icil before faxing.		
	Subscribed and	sworn before me	e:	
	Name			
	Date			
N	lotary Public			
My commis	sion expires			

APPLICATION FOR EMPLOYMENT

COMPANY John J. Bro	ennan Constru	ction Co	STREET	ADDRESS	7.0	Platt :	Road		Minion.	
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If yes, explain	nn mae na daoine dha agus an agus an agus an agus an agus an agus an	***************************************	William 1840 Company Commission C			**************************************		and are a specific participate of the Color Management Australia Australia Australia (australia de la color de	and the same of th	

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 for 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).

Must list the complete ma	eiling address: street num	ber and name, city	, state and zip code.	
LAST EMPLOYER: NAME				
ADDRESS		PHONE _	rozenský spenej koli stva stro. No -10 i -10 kiele po mazo za zaza za zasp, antonia sa	and the state of t
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ANY GAPS IN EMPLOYMENT AND/OR I	UNEMPLOYMENT MUST I	BE EXPLAINED. 1		
Were you subject to the Federal Motor Carrier			he previous employer?	/es□ No□
Was the previous job position designated as a substances testing requirements as required by	y 49 CFR Part 407	•	•	controlled Yes D No D
SECOND LAST EMPLOYER: NAME				
ADDRESS				
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ANY GAPS IN EMPLOYMENT AND/OR AND REASON.	UNEMPLOYMENT MUST	BE EXPLAINED.		
Were you subject to the Federal Motor Carrier			the previous employer?	Yes D No D
Was the previous job position designated as a substances testing requirements as required to	safety sensitive function in ar by 49 CFR Part 40?	ny DOT regulated mo	de, subject to alcohol an	d controlled Yes D No D
TO	D BE READ AND SIGNED	BY APPLICANT		
I authorize you to make sure investigations related matters as may be necessary in arr be made only if and after a conditional offecare providers and other persons from all application.	riving at an employment dec er of employment has been e	ision. (Generally, ir extended.) I hereby	iquiries regarding med release employers, sch	ical history will nools, health
In the event of employment, I understand that discharge. I understand, also, that I am requi	false or misleading information red to abide by all rules and re	n given in my applications of the Com	ation or interview(s) may apany.	result in
"I understand that information I provide regard contacted, for the purpose of investigating my	ding current and/or previous er v safety performance history as	mployers may be use s required by 49 CFR	d, and those employer(s 391.23(d) and (e). I und) will be derstand that I
have the right to: Review information provided by currently. Have errors in the information corrected to the prospective employer; and Have a rebuttal statement attached to the accuracy of the information."	by previous employers and fo	, , ,	•	
DATE		APPLICANT	'S SIGNATURE	
This certifies that I completed this application knowledge.	, and that all entries on it and			pest of my
DATE Note: A motor carrier may require an applica Safety Regulations.	ant to provide information in ad		S SIGNATURE ion required by the Fede	ral Motor Carrier