



Application for Employment

Personal and Confidential

IMPORTANT

- Burov's Construction provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.
- When required by the position, you will be required to take a physical examination and/or drug and alcohol screen as a condition of employment or continued employment.
- You will be required to furnish information that would allow the company to verify your records including, but not limited to, past employment, education, driving credit, social security, and felony and serious misdemeanor convictions as a condition of employment or continued employment.
- You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control ACT as a condition for employment or continued employment.

NAME _____
Please Print

DATE: _____

Interview date: _____	Interviewed by: _____
Skills: _____	
Department: _____	
Job Title: _____	
Pay Rate: _____	Hourly / Salary _____
Reporting to: _____	



Burov's Construction LLC

QUALITY SPEAKS FOR ITSELF

(Print) First Name		Middle	Last Name				
Current Address			City		ST	Zip	Yrs
Previous Address			City		ST	Zip	Yrs
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work () ()		Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work () ()		Pager: Personal <input type="checkbox"/> Work <input type="checkbox"/> () ()		E-mail: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Social Security No:		Driver License No:		Is your license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year of Expiration:		Issuing State:			
Eligibility requires a valid work permit.		If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the functions that cannot be performed:							
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction does not guarantee employment disqualification) Describe nature of crime(s) and where and when convicted and disposition:							

Position applying for:	Desired Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Desired Shift: <input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Any	Desired Pay: <input type="checkbox"/> Hour <input type="checkbox"/> Month \$	Can you work..... Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No
On what date are you available for work?	Check the days you are available for work. Mon Tues Wed Thurs Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		List any upcoming dates you know you cannot work.	
Have you ever applied or worked here before? Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo Year Worked: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo Year		Have you ever had supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No What Company? What position? No. of employees supervised?		

Branch of U.S. Service: <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army <input type="checkbox"/> Marines	Was separation from military service anything other than an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Nature of duties and any Special Training and Honors received:	Date of Active Duty:
List any skills you acquired in the service that you think might relate to the position in which you are applying.	

Employment Record
Most recent employer first.

1.) Employer		Phone			
Address		Supervisor			
Job Title	Starting Salary	Ending salary	From	To	
Work Performed					
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.) Employer		Phone			
Address		Supervisor			
Job Title	Starting Salary	Ending salary	From	To	
Work Performed					
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.) Employer		Phone			
Address		Supervisor			
Job Title	Starting Salary	Ending salary	From	To	
Work Performed					
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List at least three (3) non-relatives whom you have known for at least one year.

Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs Known

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you graduate?	Last Diploma or Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Graduate School <input type="checkbox"/> Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

List all current licenses and/or areas of certification. List all equipment (office, trade, or technical) that you operate proficiently. List any training, skills, aptitudes, qualifications or other information which you feel is relevant to the type of employment you are seeking.

Please read carefully each paragraph and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, undersigned applicant have personally completed this application. I further understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters Related to my suitability for employment and further authorize the references I have listed to disclose to the Company any and all letters, reports and other related information related to my work records without giving me Prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other Persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such an investigation or disclosure.

Burov's Construction, LLC has a condition of employment in place a DISPUTE RESOLUTION PROGRAM. You must agree that if a dispute relating to your employment or termination as described in the Program arises, you will follow the rules and procedures described in this Program

I understand that employment at Burov's Construction LLC is "at will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice and for any reason Prohibited by statue. I also understand that all employment is continued on the "at will" basis, and that if I am Employed, only an Officer or the President of Burov's Construction, LLC has the authority to alter the "at will" relationship.

Signature of Applicant: _____ Date: _____



APPLICANT DATA RECORD

Date: _____

Applicants are considered for all positions and employees are treated, during employment, without regard to race, color, religion, gender, national origin, citizenship, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government record keeping and other legal requirements. Completion of the Applicant Data Record is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

This data is utilized for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Position(s) Applied For: _____

Referral Source: Employee Advertisement Friend Relative School

Walk-in Employment Agency _____ Other _____

Do you have any relatives or friends that are currently or previously employed at Burov's Construction?

Yes No If yes, identify relation: Sibling Spouse Parent Other: _____

Name of Person & where they work(ed): _____

Name: _____ Telephone Number: (____) _____
 Last First Middle

Address: _____
 Street # & Name City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the gender, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Gender: Male Female

Race/Ethnicity Group: White Hispanic Black
(only check one) American Indian / Alaskan Native Asian / Pacific Islander

Veteran/Disabled Status (check any, if applicable):

Vietnam Era Veteran Special Disabled Veteran Other Protected Veteran
 Newly Separated Veterans Individual with a Disability



POST-OFFER/PRE-PLACEMENT TEST POLICY

Post-offer/Pre-placement tests are tools used to create a safer work place. Comprehensive stress assessments monitor heart and musculoskeletal function detecting disease, wear and tear syndromes, and other problems that can lead to injuries and even disability.

Burov's Construction (the company) pays for this service to help our employees remain safe in the workplace and reduce costs associated with injuries. Training provided during the examination increases body awareness during work activities, helps prevent cumulative trauma and reduces injuries.

The Company is implementing the Field Agility Assessment program for prospective employees. Recognizing that every job and every employee are different, the tests determine whether or not an employee can safely perform job duties.

When necessary to enable an otherwise qualified applicant with a “disability” to participate in assessments, the Company will provide reasonable accommodations, provided such accommodations do not cause undue hardship.

The Company asks applicants to request accommodation as soon as possible after receiving a conditional employment offer.

Policy:

Effective December 5, 2002, all applicants for construction related jobs must successfully complete a functional employment test. Below is the process:

1. Applicants report to the personnel office and complete the necessary Application forms.
2. A Human Resources representative or an authorized staff member interviews applicants.
3. An authorized staff member offers employment to candidates deemed the most qualified and suitable for the positions sought. The offer of employment is contingent upon the successful completion of a post-offer drug screen and functional employment assessment.
4. After receiving a conditional employment offer, applicants receive additional information regarding the post-offer/pre-placement assessment. After reviewing the information and/or consulting with their personal physicians, applicants complete a release authorizing the Company and vendor of our choice to conduct the post-offer field agility assessment. For any accommodations sought, further discussions and/or medical documentation may be required to identify appropriate accommodation.
5. Once the Company receives a fully completed release and any requests for reasonable accommodation are resolved, the Company schedules applicants for post-offer/pre-placement assessment.
6. The Company authorized representative informs applicants, who successfully complete the post-offer/pre-placement assessment, of a “start “date.
7. The Company notifies applicants who fail to successfully complete the post-offer/pre-placement assessment. The Company seeks to make employment decisions based on the best available objective evidence, so applicants who fail assessments may provide the Company with any additional information they believe the Company should consider before withdrawing its conditional employment offer.

8. Absent receipt of additional information that persuades the Company that an applicant can safely and successfully perform the essential functions of the position sought, the Company will not place applicants who fail to successfully complete the post-offer/pre-placement assessment.

Additional Points:

The Company pays the cost of post-offer/pre-placement employment assessment procedures. Medical information collected in connection with tests is maintained in confidential files in accordance with requirements of the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPAA). Information collected will not be used for any purpose inconsistent with ADA or HIPAA.

The Company is an equal opportunity employer and does not discriminate against individuals on the basis of race, color, religion, gender, national origin, disability, or any other basis protected by federal, state, or local law.

Nothing in this policy is intended to be, and should not be construed as, a contract for any particular term or condition of employment. Individuals are employed "at-will."

Acknowledgements:

I read the above policy and understand that if offered employment it will be conditioned on the successful completion of a post-offer/pre-placement field agility assessment. I hereby agree to comply with the above procedure and request that my application for employment be processed pursuant to this policy.

Applicant Signature

Date

Witness

Date



Authorization for employment references

To Whom It May Concern:

The applicant named below is being considered for employment as _____ with our company.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this from to us in the enclosed self-addressed stamp envelope.

Sincerely,
Human Resources

Name of Applicant (print) _____ Soc. Sec. No.: XXX-XX-__ __ __

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company or institution to furnish Burov's Construction, LLC with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Burov's Construction, LLC from any and all liability whatsoever that might otherwise be incorrect in furnishing such information.

Signature of Applicant x _____

Dates of Employment: _____ Position held: _____

Signature of person providing reference

Title

Date



VOLUNTARY CONSENT TO SUBSTANCE ABUSE SCREENING TEST

I, _____, have been informed that the company's policy requires that potential new hires/employees to submit to a blood, urine, or hair follicle screening test for alcohol and/or illegal drugs when requested.

I understand that I have the right to refuse to take the screening test. I fully understand that if my results test positive or if I refuse to take a drug test, my employment will be terminated or my job offer will be withdrawn.

I understand that my test results will be released to the company if I should test positive for alcohol and/or illegal drugs.

I voluntarily *consent* *refuse to consent*

To a blood, urine, or hair follicle screening test for alcohol and/or illegal drugs and to the release of the test results directly to the company.

I understand that the company does not discriminate against individuals in violation of The Americans with Disabilities Act, nor are they responsible for any negligence on the part of the testing facility.

Signature

Date

Printed Name

Witness
