

Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

- **A copy of a current, valid Driver's license is required with all applications**
- We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.
- **Construction** prides itself in being a **"Drug Free"** workplace. Drug testing is required upon offer of employment **and** random drug testing will be conducted on an ongoing basis.

(PLEASE PRINT)

Position applied for: _____ Date: _____

How did you learn about us?

Advertisement__ Friend__ Walk-in__ Employment Agency__ Relative__ Other__

Personal Information:

Name: _____

Address: _____

Telephone: Home: _____ Cell: _____ SS#: _____ - _____ - _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes__ No__

Have you ever filed an application with us before? Yes__ No__
If Yes, give date _____

Have you ever been employed with us before? Yes__ No__
If Yes, give date _____

Are you currently employed? Yes__ No__

May we contact your current employer? Yes__ No__

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes__ No__

On what date would you be available for work? _____

Are you available to work: __ Full Time __ Part Time __ Shift Work __ Temporary

Are you currently on "lay off" status and subject to recall? Yes__ No__

Can you travel if a job requires it? Yes__ No__

Have you been convicted of a felony? Yes__ No__

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

1. _____ (Name) _____ () Phone #
_____ (Address)
2. _____ (Name) _____ () Phone #
_____ (Address)
3. _____ (Name) _____ () Phone #
_____ (Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

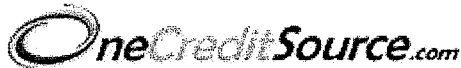
By _____

NAME AND TITLE

DATE

NOTES

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



Background Investigation Authorization

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your employment, application, or temporary agency/contractor assignment with **CAPSTONE CONSTRUCTION CO., INC.** (hereinafter "COMPANY"), we may upon execution of this authorization, investigate the information contained in this form, your application and other relevant background information to determine whether you are a suitable candidate for employment, promotion, position re-assignment or contract. Therefore, **COMPANY** will request a consumer report or investigative consumer report as defined under applicable state and federal law from a third party agency, Background Investigations/OneCreditSource.com, 1800 Blankenship Rd, Suite 250, West Linn, OR 97068, 800-955-1356. The scope of the report request by **COMPANY** may include information relating to criminal history, academic achievement, employment history, Social Security Number verification, character, general reputation, personal characteristics, and mode of living. The purpose of the background investigation is to solely determine employment eligibility. If you do not authorize **COMPANY** to conduct your background investigation, you will not be considered for employment, promotion, position re-assignment or contract. If so, your application may be withdrawn, you may be removed from your position or your contract may be terminated, if applicable.

(MINNESOTA, OKLAHOMA AND CALIFORNIA applicants ONLY) Check the box if you wish to receive a copy of the report requested by **COMPANY**. If I am a California resident, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, by request by certified mail to have materials sent to me, or by phone, if proper identification is provided. I also understood that I can request trained personnel to explain information to me, including coded information, and that I can be accompanied by a representative.

Washington State: The position you are applying for allows you access to personal credit information, property accounting information, and other sensitive financial and confidential data on individuals and the property. Due to the nature of the information you will have access to, a consumer report for employment purposes will be obtained on you.

If the report, in whole or in part, supports making an adverse decision affecting your employment or contract, **COMPANY** will provide you, before making the adverse decision, a copy of the report and a description in writing of your rights under the Fair Credit Reporting Act and any applicable state laws. If you are ineligible for employment or your background is unacceptable to **COMPANY**, **COMPANY** may not hire you or may remove you from your position, assignment or terminate your contract. If this information is retained, it will be kept confidential and separate from your personnel file, if you are hired.

By checking this box and with my signature below, I acknowledge receipt of a copy of the "CONSUMER REPORT FOR EMPLOYMENT PURPOSE DISCLOSURE FORM".

Please complete the form below: Applicant/Team Member Temporary Agency Personnel/Contractor Temp to Hire

Current Name – Last, First, Middle Name	Social Security Number
Other Names You Have Used - Last, First, Middle Name	Date of Birth <i>Pending job offer</i>
If you are not providing employer your date of birth, please provide a phone number that the screening company may reach you for this information	Phone Number

Residence Data: Beginning with your current address, list all addresses where you have resided in the last 10 years.

Dates – From/To	Street Address	City, State, Zip

Have you ever been convicted of, participated in a pre-trial program with respect to, or are there any pending charges against you involving a criminal offense?

Yes No If yes, clarify _____

Acknowledgement and Authorization

I acknowledge receipt of this background investigation authorization, as set forth above, and certify that I have read and understand these disclosures. I authorize **COMPANY** or its representative to obtain a "consumer report" or "investigative consumer report" as defined under applicable state and federal law or other background information used in connection with **COMPANY** consideration of me for employment, promotion, position re-assignment or contract. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. To the maximum extent permitted by law, this authorization is valid for all federal, state, county and local agencies and authorities, I understand I have the right to make a written request within a reasonable period of time (not to exceed 30 days) after receipt of this notice for complete and accurate disclosure of information concerning the nature and scope of the investigation. I certify all my answers on this Authorization are true and complete. I understand that the falsification, omission or misrepresentation of fact on this Authorization (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

Applicant's Signature Driver's License Number/State If under 18 Parent's Signature Date
X X

Search requests will not be processed unless a fully executed copy of this form is returned to OneCreditSource.com
FAX with search request to: OneCreditSource.com at 800.905.9736



CONSUMER REPORT FOR EMPLOYMENT PURPOSE DISCLOSURE FORM

Per Section 604 of the Fair Credit Reporting Act of 1996, this is to inform you that a Consumer Report for Employment Purposes may be obtained.

You are also advised that information from a Consumer Report for Employment Purposes will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

You are also informed that before taking adverse action in whole or in part based on the Consumer Report for Employment Purposes, the company will provide you:

A copy of the Consumer Report for Employment Purposes; and

A copy of your rights, in the FTC format.

I have read and understand the above information. I agree by affixing my signature to the accompanying "Background Investigation Authorization" form.

(APPLICANTS COPY)

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center -- FCRA Washington, DC 20580 * 202-326-3761
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 Programs 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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
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, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051