

CSU Inc. 317-972-0802

APPLICATION FOR EMPLOYMENT THIS IS A DRUG-FREE WORKPLACE

It is this Corporation's fundamental policy to provide equal opportunities in its operations and in all areas of its employment practices and to assure that there shall be no discrimination against any employee or applicant for employment on the grounds of race, color, religion, sex, national origin, age, handicap status, status as a disabled veteran, or veteran of the Vietnam era, except where age and sex are essential bona fide occupational requirements or where handicap is a bona fide occupational disqualification.

(PLEASE PRINT)			Today's	Date	
LAST NAME	FIRST NAM	ИЕ		MIDDLE	
STREET ADDRESS					
СІТҮ	S	TATE		Z	IP CODE
PHONE NO:		EMA	EMAIL ADDRESS:		
DRIVER'S LICENSE NUMBER	:		STATE:	CLASS	
Position (s) Applied For:					
Best time to contact you at ho	me is:			:a	ım/pm
Have you ever filed an application	on with us before?			Yes No If yes, giv	ve date
Have you ever been employed w	vith us before?			Yes No If yes, giv	e date
If you are under 18 years of ag	e, can you provide	e required proof	of your eligi	bility to work?	
				Yes No	
Are you authorized to work in th	ne U.S.?			Yes No	
Are you currently employed?				Yes No	
May we contact your present en	nployer?			Yes No	
Are you currently on "lay-off" st	tatus and subject to	o recall?		Yes No	
Can you travel if a job required it	t?			Yes No	
Date Available to Start:	Days Av	ailable:	H	ours Available:	
Are you available to work:	Full Time	Part Time	Tempo	orary/Summer	

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other legally protected status.

Employer	Dates Employed		Work Performed	
Address	From	То		
Phone Number	Hourly Rate/Salary			
Job Title	Starting	Final	May we Contact?	Yes No
Reason for Leaving			Supervisor	

Employer	Dates Employed		Work Performed		
Address	From	То			
Phone Number	Hourly Rate/Salary				
Job Title	Starting	Final	May we Contact:	Yes	No
Reason for Leaving			Supervisor		

Employer	Dates Employed		Work Performed	
Address	From	То		
Phone Number	Hourly Rate/Salary			
Job Title	Starting	Final	May we Contact:	Yes No
Reason for Leaving			Supervisor	

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired form employment or other experience. List professional, trade, business or civic activities and offices held. You may exclude membership, which reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.

Qualifications

- High school diploma or GED required
- Minimum of zero (0) to six (6) months outside construction industry experience
- Ability to work as a team
- Ability to operate a motor vehicle
- Ability to stoop, bend, walk, stand and climb
- Ability to lift 50 pounds.

- Current, valid Driver's license required
- Ability to work with various handheld construction tools
- Visual ability correctable to 20/20
- Standing 90% of the day
- Ability to reach and stretch
- Ability to hear, understand and respond to verbal requests made in person or over the phone
- Ability to work on job site in remote locations for extended periods of time

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? (Please see Qualifications above.)

____Yes

No

SPECIALIZED SKILLS (Skills/Equipment Operated)						
Heavy Equipment/ Small Equipment (List)	Office Equipment/Programs (List)	Other (List)				
State any additional information	n you feel may be helpful to us in considering	your application.				

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members)

1. Name	Address	Phone #
2. Name	Address	Phone #
3. Name	Address	Phone #
Have you ever been convicted of a crime?	Yes	No.
If yes, list the conviction along with the natu place. If conviction occurred in the last 7 yea necessary. Information concerning this qu employment.	ars, list probation office	er. Attach additional sheet if
Describe any job-related training received i	n the United States mi	litary.

EDUCATION

School	Name & Address	Course of Study	No. of Years	Diploma/Degree
			Completed	
High School				
Undergraduate				
College				
Graduate/				
Professional				
Other				
(Specify)				

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 and references contained in this application for employment, or attached resume, as may be necessary in arriving at an employment decision. I further authorize my past and present employers to furnish this company with my complete records of employment together with the reasons for my separation and any and all other information that such employer may possess concerning me. I hereby release such past and present employer and their officers, employees and agents from any liability or damages that may occur to me by reason of their furnishing such information and similarly release CSU, Inc. from any damages and liability in connection with this request for use of such information. These statements include my driving records, criminal record, credit record, and any other statements and references that the company may consider.

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 representations whether intentional or not, 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. I also agree to and understand that the company will have the right during any period of employment to investigate, verify, or re-verify any statements that I have made or represented.

In the event of employment, I also hereby agree to comply with CSU Inc.'s drug-testing policy.

Signature of Applicant

Date

Disclosure and Wavier

In accordance with the Fair Credit Reporting Act, CSU, Inc. hereby notifies you that a consumer report (or an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living may be obtained for employment purposes as part of its pre-employment background investigation or at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the report, along with a written summary of your rights under the Fair Credit Reporting Act.

By signing below, you hereby acknowledge receipt of a copy of this disclosure and hereby consent and authorize CSU, Inc. to obtain a consumer report (or an investigative consumer report) as part of its pre-employment process. If you are hired, this form will remain on file and shall serve as an ongoing authorization for CSU, Inc. to obtain a consumer report (or an investigative consumer report) at any time during your employment unless such consent is subsequently withdrawn in writing.

Acknowledged and Agreed:

Signature

Date

Please print your name