

**ADROIT CONSTRUCTION CO., INC.**  
**185 MISTLETOE ROAD**  
**PO BOX 609**  
**ASHLAND, OREGON 97520**  
**541 482-4098**  
**541 482-4218 (fax)**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

**This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Employment with Adroit Construction is at-will, meaning employee can be terminated at any time. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form will terminate the application process or, if discovered after employment, can terminate employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or disabilities. A felony conviction will not necessarily bar an applicant from employment. TESTING FOR THE PRESENCE OF DRUGS & ALCOHOL IN YOUR BODY WILL BE REQUIRED PRIOR TO EMPLOYMENT.**

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_\_\_

College \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_\_\_

Other \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_\_\_

Have you used any names or Social Security Numbers other than those on this page. If so, please list: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:** Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name.

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ May we contact? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ May we contact? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ May we contact? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ May we contact? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Have you previously worked for Adroit Construction? \_\_\_\_\_ If yes, last date worked: \_\_\_\_\_

**I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I authorize Adroit Construction Co., Inc. to verify any of this information. I authorize all persons, schools, previous employers and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, previous employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that Adroit Construction Co., Inc. is an at-will employer and that employment may be terminated at any time for any reason. This supercedes anything in the past. Any changes must be in writing and signed by Robert Mayers or Steve Lawrence.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **ADROIT CONSTRUCTION CO., INC.**

### **NOTICE TO ALL EMPLOYEES AND APPLICANTS**

Adroit Construction Co. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and 38 USC 2012 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which require government contractors to take affirmative action to employ and advance in employment qualified disabled individuals, disabled veterans and veterans of the Vietnam Era.

If you are disabled, a disabled veteran or a Vietnam Era veteran covered under these Acts and would like to be considered under the Affirmative Action Program, please tell us. This information is voluntary and information obtained concerning individuals shall be kept confidential, except:

1. Supervisors and managers may be informed regarding the work of disabled individuals or disabled veterans and necessary accommodations;
2. First aid and safety personnel may be informed when and if the condition might require emergency treatment;
3. Government officials investigating compliance with the acts shall be informed.

Further, refusal to provide it will not subject the applicant or employee to any adverse treatment and it will be used only in accordance with the Act and the regulations.

Upon request, the full Affirmative Action Programs for Disabled Individuals and Disabled Veterans and Veterans of the Vietnam Era are available for inspection. Please contact the Personnel Director Tuesday through Friday between 9:00 A.M. and 12:00 Noon.

# ADROIT CONSTRUCTION CO., INC.

## OUR COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY

Adroit Construction Co. is committed to providing equal employment opportunities to all persons regardless of race, color, religion, ancestry, sex, national origin, marital status, physical and mental disabilities, on-the-job injuries, age, veterans status, expunged juvenile record or any other status protected under applicable federal, state, or local law, unless it is a bona fide occupational requirement reasonably necessary to the operation of our business. Discrimination or harassment based upon any of these factors is inconsistent with our philosophy and will not be tolerated.

If you feel you have been discriminated against, or if you witness or suspect any violation of this policy, report the matter immediately to your supervisor. If you feel that you are being discriminated against by your supervisor or do not feel comfortable discussing the matter with him/her, you should report the incident directly to the Company Personnel Office without fear of retaliation. Immediate, appropriate action will be taken.

The company will make reasonable accommodations that do not cause undue hardship to assist a qualified individual with a disability to perform the essential job functions. If you believe that a disability is affecting your ability to perform the essential functions of your job, please contact the Company Personnel office.

All employees, supervisors and managers are required to support both the letter and spirit of this policy. For further information, or to report problems or complaints relating to discrimination, contact Linda Peil in the office, 541 482-4098.

Steve Lawrence – Owner/President 11/19/99

Robert Mayers -Owner/Vice-President 11/19/99