



APPLICATION FOR EMPLOYMENT

Cleveland Construction, Inc. is an **Equal Opportunity Employer** and does not discriminate on the basis of race, religion, color, national origin, age, medical history, sex, sexual orientation, disability, genetic information or makeup, veteran status, or against any other class protected by law.

INTRODUCTORY INFORMATION: *(Please print)*

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email: _____ Cell #: _____

Have you applied to this company before? Yes No **If yes, what year:** _____

What job position are you applying for?: _____ Date Available: _____

Can you perform all the functions of the job you are applying for? Yes No

If no, please explain _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain in the box below or on a separate sheet of paper. Include the date of final disposition of the case and the nature of the offense. This info will not necessarily disqualify you for employment, but false or misleading information will.

How were you referred to this Company? _____

EDUCATION: *(Please list all schools attended)*

High School/GED:

Name of School: _____ Years Completed: _____ Did you graduate? Yes No

College:

Name of School: _____ Years Completed: _____ Did you graduate? Yes No

Other:

Name of School: _____ Years Completed: _____ Did you graduate? Yes No

MILITARY EXPERIENCE:

Branch of Service: _____ Period of Active Duty: From: _____ To: _____

Special training or honors received:

Current Rank or Rank at Discharge: _____

EMPLOYMENT RECORD: *(List employers starting with the most recent)*

Employer #1 Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **End Date:** _____ **Start Rate:** _____ **End Rate:** _____

Duties:

Reason for Leaving: _____

Employer #2 Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **End Date:** _____ **Start Rate:** _____ **End Rate:** _____

Duties:

Reason for Leaving: _____

Employer #3 Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor:** _____

Start Date: _____ **End Date:** _____ **Start Rate:** _____ **End Rate:** _____

Duties:

Reason for Leaving: _____

WORK-RELATED REFERENCES: *(Do not include relatives)*

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT: *(Please read statement carefully before signing this application)* I understand that employment with **Cleveland Construction, Inc.** is on an **AT WILL** basis, meaning that I and Cleveland Construction, Inc. have the right to terminate employment at any time for any or no reason consistent with applicable state or federal law.

I authorize Cleveland Construction, Inc. to conduct a thorough background investigation of my work and personal history (including criminal history), and verify all data given on this application and during interviews. I hereby release Cleveland Construction, Inc., and their representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Cleveland Construction, Inc. may require the successful completion of a drug and/or alcohol test as a condition of employment. I also understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission may be grounds for immediate dismissal or suspension, withdrawal of any employment offer, or rejection of my employment application.

Interviewed By: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

I have been given the Veteran and disability Voluntary Disclosure form: Initial: _____

Voluntary Disclosure-We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite qualified applicants to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable) and we provide the Government Voluntary self-identification of disability form below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

SEX/GENDER

Male Female I choose not to provide my gender

ETHNIC BACKGROUND

White Hispanic/Latino Asian Black American Indian or Alaskan Native Native Hawaiian or Pacific Islander
Two or More Races I choose not to provide my race information

VETERANS INVITATION TO SELF-IDENTIFY

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS*
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO ANSWER

***Veteran of the Vietnam Era/Special Disabled Veteran/Disabled Veteran/Recently Separated Veteran/Other Protected Veteran/Armed Forces Service Medal Veteran**

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.' To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name: _____

Today's Date: _____

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dot.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.