

# APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

J & N Construction, LLC is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on J & N Construction, LLC Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

#### GENERAL INFORMATION

Full Name			Date		
FIRST	MIDDLE	LAST			
Address					
STREET		CITY	STATE	ZIP CODE	
Contact Number	Da	te available for work			
Alternate Contact Number		E-mail (optional)			
Are you legally authorized to work in the U	nited States?	☐ Yes ☐ No			
Do you now, or will you in the future, required (If hired, verification will be required consi			horization (e.g., H	-1B)?	
Are you over the age of 18? Yes	] No				
Have you filed an application here before?					
Have you worked for J & N Construction in the past?					
How were you referred to J & N Construct	ion?				
_					

Applications MUST be filled out entirely. If the question does not apply to you, leave blank or put N/A. Incomplete applications will not be accepted.

### POSITION INFORMATION

Type of work desired?		Salary range 6	expected (required)_	_
Do you have any special	training, skills, qualification	ons, or other experience	that relate to the po	sition applied for?
		EDUCATION		
Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Other (including military training)				
List any work related cer	rtifications or licenses you	currently possess.	I	
	BACKO	GROUND INFOR/	MATION	
	ars, have you ever been dis f yes, please explain.	scharged, suspended or	asked to resign from	
For the purpose of verify at any of the organization				ed school under a different nam
condition of probation? Yo	eted of a crime that has not be u are not required to disclose Yes No	een expunged, sealed, pa sealed or expunged recor	rdoned, annulled, statuds of conviction or arr	utorily eradicated or dismissed upor rest, or expunged juvenile records of
		REFERENCES		
List three references (oth	ner than those listed as curr	ent/former supervisor)	that we may contact:	
Name		Telephone	No. ()	
E-mail Address		Type of A	cquaintance	
Name		Telephone	e No. ()	
E-mail Address Type of Acquaintance				
Name		Telephone	e No. ()	
E-mail Address		Type of A	cquaintance	

### **EMPLOYMENT RECORD**

List all employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer	Phone ()
Geographic Location	From
Your Position	Month Year
Supervisor's Name/Title	То
May we contact?  Yes  No If not, why?	Month Year
Primary responsibilities	Reason for Leaving
Employer	Phone ()
Geographic Location	From
Your Position	Month Year
Supervisor's Name/Title	То
	Month Year
Primary responsibilities	Reason for Leaving
Employer	Phone ()
Geographic Location	From
Your Position	Month Year
Supervisor's Name/Title	То
	Month Year
Primary responsibilities	Reason for Leaving
Employer	Phone ( )
Employer Geographic Location	Phone () From
Your Position	Month Year
Supervisor's Name/Title	To
Supervisors raine, rate	Month Year
Primary responsibilities	Reason for Leaving
	<u> </u>
Please account for any gaps of employment.	
ADDITIONAL COMM	MENTS
Please comment on how your prior education and experiences qualify you	for the type of employment you are seeking.
Detail any past responsibilities and achievements. Note any special course	
other data that will assist us in considering your application for employment	ent.

# DRIVERS EXPERIENCE & QUALIFICATIONS

Driver s licenses held in past three years must be shown:

State	License N	Number		Туре	Expiration Date	
Have you ever been denied	a license, permit or the	he privilege to	operate a mot	or vehicle? \(\Boxed{\Boxes}\) \(Y\)	es No	
Has any license, permit or p	rivilege ever been su	spended or rev	oked?	s No		
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?   Yes No						
Have you ever tested positiv	e for a DOT drug or	alcohol test fro	m a former er	nployer?	☐ No	
If you answered yes to any o	of the above question	ıs, please attach	n a statement ş	giving details.		
CI CE	T. CF.	. ,	D	T 1F		
Class of Equipment	Type of Ec	Type of Equipment		Γo and From	Approx. no. of miles (total)	
List all states operated in for the last 5 years:						
List courses or training have you taken that will help you as a driver:						
Which safe driving awards do you hold and from whom?						
DRIVING REV	IEW FOR PAS	ST 3 YEAR	S (Attach	sheet if more s	space is needed)	
Accident or	Date	Nature of		Fatalities/Injuri		
Conviction						

# MAINTENANCE EXPERIENCE & QUALIFICATIONS

Maintenance Course or Training	Location of Course or Training		e or Training	Date (s)	
	•		<u>'</u>		
Do you have any welding experience?	☐ Yes ☐	¬ No	If yes, how many years?		
, , ,		_	<b>3</b>		
Job Function					
Indicate training and experience in the	Formal			Formal	
following:	Training	Years of		Training (Check)	Years of
Daine Line Commonte	(Check)	Experience	Area D - 4-, W1-		Experience
Drive Line Components			Body Work		
Diesel Engine Tune up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

### **Shop Equipment**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Service Machine		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping Mold		
Engine Rebuilding Equipment			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning			Smoke Measuring Equipment		
			Inspections		
			General Car Repair		

# PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.		
Initials		
I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs (ie. substances that: violate either Federal or State Law, and/or are found in Controlled Substances Act of 1970; or the misuse of prescription medication) before being permitted to commence work with J & N Construction, LLC.  Initials		
I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with J & N Construction, LLC.  Initials		
I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, and driving record and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.		
I understand employment with J & N Construction, LLC is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.		
Initials		
I authorize J & N Construction, LLC and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on page 3 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.		
I hereby certify that, if employed, my employment with J & N Construction, LLC will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.		
Initials		
I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated AT WILL, with or without cause, by either party (J & N Construction, LLC or me) without prior notice to the other, unless otherwise prohibited by law.		
Initials		
I understand that no representation, whether oral or written, by any representative or agent of J & N Construction, LLC at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of J & N Construction, LLC has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the President of the company or an authorized representative.		
Initials		
I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.		
MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.		
Applicant's signature Date		

# **Investigation into Previous Employment**

Signature of Previous Employer	Title	Date			
above.	he previous s years prior to the	applicant 3 date printed			
Please Include any required DOT drug or alcohobtrained from other previous employers for t					
Please Include any required DOT days as also	al tacting information /	to the anguere above			
13. Has this driver been involved in any accident		yes, provide details).			
provide documentation). Yes No		( ) ( ) ( ) ( ) ( ) ( )			
prescribed rehabilitation program includ		•			
No 12. If this person has violated a DOT drug an	d alcohol regulation, did this driv	ver complete an SAP-			
11. Has this driver committed any other viol	ations of Subpart B of Part 382,	or Part 40? Yes			
10. Has this driver refused to take a drug or					
Yes No					
9. Has this driver received an alcohol test w	ith a result of .04 or higher alcol	nol concentration?			
8. Does this program conform to 49 CFR pa					
7. Has this driver participated in your alcoh		s No			
Would you re-employ this person? Yes					
<ol> <li>Reason for leaving your company:</li> <li>Was his/her general conduct satisfactory</li> </ol>					
<ul><li>3. Was he/she a safe and efficient driver?</li><li>4. Reason for leaving your company:</li></ul>					
2. Did he/she drive a motor vehicle for you? What type?					
1. Employed from (Mo/Yr.) to (Mo./					
J & N Construction, LLC					
Erica McGarvey, Human Resources					
Sincerely,					
employee. All information should be deemed	i comidential. Thank you for you	r cooperation.			
7days, the information requested below for a	-				
company. We formally request that a qualified					
has made application to J & N Construction, I					
	, Social Security #: XXX-XX	· · · · · · · · · · · · · · · · · · ·			
To:					
_					
Driver Signature		Date			
X		.//_			
which may result from furnishing such informa	ation.				
390.15(b) of the Federal Motor Carrier Safety	-	om any and all liability			
LLC for the purpose of investigation as require					
I,, hereby authorize you to re	elease the following information	to J & N Construction,			

### **Equal Employment Opportunity Questionnaire**

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

#### **Anti-Discrimination Notice**

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

In order to evaluate our progress as an Equal Opportunity Employer, we are asking applicants to complete this questionnaire.

questionnaire.	
INFORMATION PERTAINING TO SEX AND RACE/ETH INFORMATION PERTAINING TO VETERAN STATUS I ADVERSE TREATMENT.	NIC HERITAGE IS REQUESTED AND VOLUNTARY. S VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY
Confidential Applicant Information: Female	Male
Race/Ethnic Heritage (Please check one). If two or more categor	ies apply, choose the one with which you most clearly identify.
Hispanic or Latino	-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino)	-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (Not Hispanic or Latino)	-A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (Not Hispanic or Latino)	- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino)	- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino)	- All persons who identify with more than one of the above five races.
Other	
FIf you choose not to self-identify your race/ethnicity, the federal garvey and/or other available information.	government requires the employer to determine this information by visual
Are you a Veteran of the United States Military Armed Forces?	Yes No
Applicant Name (Print)	Applicant Signature