

APPLICATION FOR EMPLOYMENT

ENGINEERS CONSTRUCTION, INC.
PO BOX 2187
SOUTH BURLINGTON, VT 05407

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is: : ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date Yes No

Have you ever been employed with us before? If Yes, give date Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present 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

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

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

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

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

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

EMPLOYMENT EXPERIENCE

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing & 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.

NOTICE TO ALL APPLICANTS:

Engineers Construction, Inc., A.C. Paving Corporation, ECI Directional Drilling, Inc., ECI Rail Constructors, Inc., and the State of Vermont require a Pre-Employment Physical as a condition of employment.

If you accept an offer of employment, you will be required to report to our Health Care Provider for a physical examination prior to reporting for your first day of work.

Failure to agree to this requirement will result in the termination of our offer of employment.

You are required to work at least 1 month of full time employment or be subject to reimburse Engineers Construction, Inc., A.C. Paving Corporation, ECI Directional Drilling, Inc., or ECI Rail Constructors, Inc., for the full amount of your physical.

Every effort will be made to make scheduling convenient for you!

I, the undersigned having read this policy statement, agree to the terms as stated above.

Signature

Date

DRIVERS CONSENT FORM

I _____, understand that Acadia Insurance Company, which insures Engineers Construction Inc, AC Paving Corporation, ECI Directional Drilling Inc, and ECI Rail Constructors, Inc (Employer), in accordance with 23 V.S.A. § 104, will obtain copies of my driving records, including, but not limited to records of conviction, suspension, and revocation of license and accident reports (MVR) from various state departments of motor vehicles for purposes of underwriting insurance, adjusting claims and other purposes related to such insurance. I hereby consent The Essex Agency, Inc., the agent/broker who will be obtaining the MVR, to release such information to Employer. I understand that Employer shall use such driving records in determining whether to initiate or continue my employment with Employer. This consent shall be a continuing consent throughout the period during which I am an applicant for employment with, or an employee of Employer.

Employee/Applicant Signature

Date

DO YOU HAVE A VALID
VERMONT DRIVERS LICENSE?

YES NO

DO YOU HAVE A
COMMERCIAL DRIVERS LICENCE

YES NO

EEO SELF-IDENTIFICATION FORM

Engineer's Construction, Inc. and its affiliated companies is an equal employment opportunity/affirmative action employer. Relevant laws and regulations require us to compile annual statistical reports on applicants and employees. In order to comply with these federal requirements, we are requesting your cooperation in completing this EEO Self-Identification Form.

The information on this form is being requested and will be used solely for equal employment opportunity/affirmative action record-keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. If you do complete the form, the information will be processed and maintained separately from your employment application forms and, if you are hired by the Company, your personnel file.

GENDER IDENTIFICATION

Male Female

VETERAN STATUS

Yes (see definitions on back of form)

Special Disabled Veteran

Veteran of the Vietnam-era

Other Eligible Veterans

Separation Date: _____

No

RACE AND ETHNIC IDENTIFICATION (see definitions on back of form)

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or more races (Not Hispanic or Latino)

Position applied for: _____

Name (Printed): _____

Signature: _____

Date: _____