

CROWDER

DEAN CROWDER CONSTRUCTION, INC

Application for Employment
Dean Crowder Construction, Inc.
804 SE 21st Street
Bentonville, AR 72712
479-273-5304

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Type of work for which you wish to be considered _____

What source led you to make application with us? _____

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (Mo/Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (Mo/Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (Mo/Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Education

Schools	Name/Location	Last Year Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

A conviction does not automatically bar you from employment

Yes No If yes, include details _____

If you are an experienced operator of any office machines or equipment, please list:

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

References

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

**For additional references, please attach a separate sheet.*

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____



EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION APPLICANT SURVEY

Name:

Date:

Our company is an equal opportunity employer and does not discriminate in firing or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

The company is required by federal regulation to report information as requested below. Your contribution of this information is completely *voluntary* and refusal to complete this form will not affect any hiring or employment decisions. The information you provide is strictly confidential and will be maintained separate from your personnel file. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

<input type="checkbox"/> White (not Hispanic or Latino) – having origins in any of the original peoples of Europe, the Middle East, or North Africa	<input type="checkbox"/> Hispanic or Latino – of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> Black or African American (not Hispanic or Latino) – having origins in any of the black racial groups of Africa	<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) – having origins in the original peoples of North or South America (including Central America), and maintaining tribal affiliations or community involvement	<input type="checkbox"/> Asian (not Hispanic or Latino) – having origins in the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/> Two or more races (not Hispanic or Latino) – anyone who identifies with more than one of the above five races	<input type="checkbox"/> Other	

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for **DEAN CROWDER CONST., INC.** to obtain a complete consumer report:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to **DEAN CROWDER CONST.** any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish EMPLOYER NAME and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer