

**APPLETECH CONSTRUCTION  
APPLICATION FOR EMPLOYMENT**  
(Please Print)

“Drug Free Workplace”

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APPLETECH CONSTRUCTION IS AN EQUAL OPPORTUNITY EMPLOYER. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, sex, disability, religion, age, color, national origin or ancestry, or other factors which cannot be lawfully used as basis for an employment decision. All other information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed by us.

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**PERSONAL DATA**

NAME \_\_\_\_\_ Date \_\_\_\_\_

Other Names Ever Used \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Are you over age 18?    Yes                  No

Have you ever been convicted of a felony within the past five years? (Include military convictions).    Yes    No

If yes, please explain where, when and reason: \_\_\_\_\_

If employed, can you provide proof of U.S. citizenship, immigration, or visa status which permits you to be employed in the U.S.?

Yes                  No

Do you have reliable transportation?    Yes    No

Is your driver's license currently suspended or revoked?    Yes    No    If so, state reason for suspension?

**EMPLOYMENT INFORMATION**

Position(s) applying for \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Are you applying for full time or part time employment? \_\_\_\_\_

What hourly rate do you expect to get paid? \_\_\_\_\_

Circle the position which you feel most qualified for:      Foreman/Lead Carpenter      Carpenter      Laborer  
    Superintendent      Office/Clerical      Office Manager      Project Manager

How long do you anticipate being available for employment by Appletech? \_\_\_\_\_

Have you ever been responsible for directing or supervising other employees? If so, please explain. \_\_\_\_\_

**EDUCATION/TRAINING**

Circle the highest grade level completed in school:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16+

High School Diploma or G.E.D.?    Yes      No

Give the following information about the schools you have attended:

SCHOOL	NAME & LOCATION	DEGREE	COURSE OF STUDY/MAJOR
High School	_____		
	_____		
Business/ Trade School	_____		
	_____		
College/ University	_____		
	_____		

List or describe any school courses or specialized training that relate to the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with your present job (or immediate past job if unemployed) list your employment for the last 5 years:

- Company \_\_\_\_\_      Position \_\_\_\_\_  
 Address \_\_\_\_\_      Phone \_\_\_\_\_  
 Date Started \_\_\_\_\_      Date Ended \_\_\_\_\_  
 Type of Work \_\_\_\_\_      Rate of Pay \_\_\_\_\_  
 Supervisor's name and title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employment History continued on next page

Employment History Cont'd

2. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Work \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Work \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Work \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW**

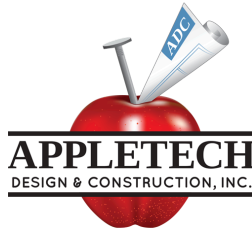
I hereby certify that all the statements contained here are true to the best of my knowledge and I understand that omissions or misstatements may be used for rejection of this application, removal of my name from eligibility, or discharge from service. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that, if hired, my employment will be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If employed by Appletech Construction, I agree to abide by its rules and regulations. I understand that Appletech may change or revise its benefits, policies, and procedures and that such changes may include a reduction in benefits. I understand that Appletech has a drug and alcohol policy that provides for pre-employment testing as well as testing after being employed. I understand that consent to and compliance with the policy is a condition of my employment and that continued employment is based on the successful passing of testing under the policy. I have read and understand the above information.

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Signature

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Date



## Request for References

You have been listed as a REFERENCE by the applicant listed below who has applied for employment with our company. We are a construction firm that builds residential homes. We ask that you verify and complete this form at your earliest convenience and return it to our office. Your assistance is crucial as we place great importance on thorough screening of our applicants. Thank you for taking the time needed to complete this reference form.

Annette Lauppe  
 Office Manager  
 Fax No: (785)776-9890

I hereby authorize the release of any and all information concerning me to Appletech Design & Construction. In so doing, I hereby release the contracted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be considered as valid as the original.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Applicant (print) \_\_\_\_\_ Other (Former) Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

	EXCELLENT	GOOD	FAIR	POOR
Job Knowledge				
Ability to communicate with co-workers				
Ability to communicate with clients/customers				
Ability to follow instructions				
Takes instructions well				
Honesty				
Initiative				
Dependability				
Punctuality				

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Eligible for re-employment: Yes No If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name of Company \_\_\_\_\_

Date \_\_\_\_\_

**APPLETECH DESIGN & CONSTRUCTION**

**Motor Vehicle Record Consent**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(as shown on driver's license)

Date of Birth (for MVR purposes only): \_\_\_\_\_

State issuing license: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

The undersigned employee or applicant for employment hereby understands that a satisfactory driving record may be a qualification for employment and the said employee or prospective employee does hereby expressly authorize the prospective employer, its insurance agent, or its insurance company to obtain a motor vehicle report on the undersigned.

Executed in \_\_\_\_\_, Kansas

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

**APPLETECH DESIGN & CONSTRUCTION**

**PRE-EMPLOYMENT DRUG TESTING  
Notification and Consent Form**

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Parts 40, 383, 391, and Appletech Design & Construction, Inc. policy, that all prospective employees must submit to a controlled substances test. This test involves collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Appletech Design & Construction is requiring all employees and new employees to be included in this testing program. Drivers of commercial vehicles will be submitted to the DOT test; non-drivers of commercial vehicles will be submitted to the non-DOT test.

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in intrastate commerce, as a new employee will not be eligible for employment with Appletech Design & Construction, and will not be able to continue employment as an existing employee without fulfilling the requirements as set forth in our Policy 4.08 Alcohol, Illegal Drugs and the Illegal Use of Drugs. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the company Medical Review Officer who will report the test to Appletech Design & Construction, Inc. The Medical Review Officer may also release the result to my examining physician in connection with my DOT required physical. The results will not be released to any additional parties without my written consent.

**Please do not agree to take a drug test you cannot pass.**

By signing below, I hereby agree to submit to a urine drug test.

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Print Name

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Signature

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Date

**APPLETECH DESIGN & CONSTRUCTION**

**EMPLOYMENT POLICY  
PHYSICAL CAPACITY PROFILE**

(Please Read Carefully)

As part of the Appletech Design & Construction, Inc. employment procedures, employees will be required to undergo a post-offer Physical Capacity Profile examination conducted at Maximum Performance, Manhattan, KS. Any offer of employment that is received from Appletech Design & Construction is contingent upon, among other things, satisfactory completion of this examination and drug screening and a determination by Appletech Design & Construction using the results from the examination that the applicant is capable of performing the responsibilities of the position that has been offered, with or without reasonable accommodations. This will help Appletech Design & Construction avoid putting employees in a position where there is a likelihood of injury to themselves or others.

Information concerning an employee’s medical condition and/or history will be maintained in a separate file in the Office Manager’s office and will be treated as confidential. This confidential information may be disclosed to: (1) supervisors and managers regarding necessary restriction to an employee’s duties; (2) first aid and safety personnel regarding potential emergency treatment; (3) government officials authorized to receive the information; and (4) any other person or entity, that the employee authorizes to receive the information.

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I, \_\_\_\_\_, acknowledge that if a conditional offer of employment is extended to me that I must submit to Maximum Performance for a Physical Capacity Profile evaluation. My employment is contingent upon demonstrating that I meet the physical requirements of the position I have been offered.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Organization Representative

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. (“HireRight”), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

       **California, Minnesota or Oklahoma applicants only:** Please check if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant’s Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_