



Application for Employment

Slayden Constructors, Inc. is an Equal Opportunity Employer

P.O. Box 247, Stayton, OR 97383
 Phone: (503) 769-1969
 Fax: (503) 769-4525

- This application will be considered only for the specific job applied for. If you desire to be considered for a position at a future time, you must fill out another application.
- You may submit a resume with your applications, but not in lieu of an employment application.
- Only original applications accepted.
- Print clearly and complete both sides of this form.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Please identify your skill(s) and indicate length of experience for each category.

Carpenter	How Long	Equipment Operator	How Long	Laborer	How Long
<input type="checkbox"/> Framing	_____	<input type="checkbox"/> Truck Driver	_____	<input type="checkbox"/> Concrete	_____
<input type="checkbox"/> Form Work	_____	<input type="checkbox"/> Blade/Grader	_____	<input type="checkbox"/> General	_____
<input type="checkbox"/> Manhole Building	_____	<input type="checkbox"/> Bulldozer	_____	<input type="checkbox"/> Pipelaying	_____
<input type="checkbox"/> Millwright	_____	<input type="checkbox"/> Crane	_____	<input type="checkbox"/> Flagging	_____
<input type="checkbox"/> Welder	_____	<input type="checkbox"/> Excavator	_____	<input type="checkbox"/> Asphalt	_____
<input type="checkbox"/> Piledriver	_____	<input type="checkbox"/> Loader	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Offroad Truck	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
Additional experience	How Long				
<input type="checkbox"/> Ironwork	_____				
<input type="checkbox"/> Plumbing	_____				
<input type="checkbox"/> Finishing	_____				

Education or Training

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Have you completed a state or union sponsored Apprenticeship? YES NO

Name of apprenticeship: _____ Date of Completion: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired that would be applicable to the position for which you are applying. List any certificates or licenses held.

List any supervisory experience you may have:

Other Information

- You may be asked to drive a company vehicle. If you do not wish to drive a company vehicle or equipment, check here: _____
- If you are willing to drive a company vehicle and/or equipment, please give driver's license number and date of birth: #: _____ DOB: ____/____/____
- Are you interested in: _____ Full-time _____ Part-time _____ Temporary
- Have you been given a job description or had the requirements of the job explained to you? _____ Yes _____ No
- Do you understand these requirements? _____ Yes _____ No
- Can you perform the essential functions of the job with or without reasonable accommodation? _____ Yes _____ No

Pre-Employment Conditions

Please read carefully and initial each paragraph before signing below.

- Employment with Slayden Constructors, Inc. is "at will." It may be terminated by either the Company or me at any time for any reason not prohibited by law. No Slayden Constructors, Inc. employee is authorized to make any representation to the contrary.

Initials _____

- All qualified applicants will receive consideration without discrimination of union affiliation, race, gender, color, age, national origin, marital or veteran status, the presence of disabilities, or any other legally protected status.

Initials _____

- The completion of this application does not create an employment contract. This form is intended for use in evaluation of your employment qualifications.

Initials _____

- Falsification of information or omission of facts on the application will prevent hiring and could result in termination should it be identified later.

Initials _____

- I understand my work and personal history will be verified as well as all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

Initials _____

- All applicants are subject to pre-employment screening/testing for drugs and alcohol and will give authorization for release of test results to Slayden Constructors, Inc., Inc. Refusal to submit to screening will constitute voluntary withdrawal of application. After a conditional offer of employment, and prior to reporting to work, I am required to submit a medical review. Depending on company policy and the needs of the job, I will be required to complete medical history forms and may be required to be examined by a medical professional designated by the company.

Initials _____

- Work sites are throughout Oregon, Washington, and California. It is the responsibility of each employee to get to and from the work sites.

Initials _____

- All employees must abide by all company policies at the time of hire and thereafter. The policy handbook is available for review at this time.

Initials _____

- Slayden Constructors, Inc. reserves the right to change personnel policies, working conditions, and salary.

Initials _____

- I have read and understand these conditions of employment

Yes No

Signature of Applicant

Date

Slayden Constructors, Inc.

AFFIRMATIVE ACTION WORKSHEET

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973, to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is voluntary and will be kept confidential. An employee will not be subject to any adverse treatment for refusing to complete the questionnaire.

GENDER

- Male
 Female

RACE (Check One)

- Caucasian origins in Europe, North Africa, and Middle East
 Asian-origins in Far East, SE Asia, India, or Pacific Islands
 African American Origins in Africa
 Hispanic-Mexican, Puerto Rican, Cuban, Central or South America
 Native Indian-origins in North America, includes Alaska

PHYSICAL CONDITION

- No Disability
 Disability (No Facility Modification)
 Disability (Facility Modification)
 Health Disability (Heart Attack, Diabetic, Seizures, etc.)
 Mentally Disability (Learning Disabled)

VETERANS/U.S. MILITARY STATUS

- Non-veteran
 Other Protected Veteran
 Vietnam Era Veteran (8/5/64-5/7/75)
 Newly Separated Veteran (within last 12 months)
 Special Disabled Veteran

ACTIVE NATIONAL GUARD OF RESERVIST

- Yes
 No

POSITION APPLIED FOR: _____ DATE: _____