



TW RIDLEY, LLC APPLICATION FOR EMPLOYMENT

TW Ridley, LLC is an equal opportunity employer. TW Ridley, LLC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

INSTRUCTIONS AND NOTICE OF DRUG TESTING - PLEASE READ

This is a general employment application required for all jobs. As the hiring process continues, you may be asked to provide a more detailed survey of your qualifications as they relate to a specific job or an additional authorization for release of information. In addition, a drug urinalysis, testing for the use of illegal drugs and done at the company's expense, is a condition of employment.

PERSONAL INFORMATION		Today's Date	
Last Name	First Name	M. Initial	
Other names used:	Dates used: from to		
Present Street Address			
City	State	Zip	
Mailing Address (if different from above)			
City	State	Zip	
Cell Phone Number	Email Address		
Are you eligible to work in the USA?	Are you at least 18 years of age?		
Have you applied here before? If yes, when?	Have you ever been employed by this company before? If Yes, when and what Position?		
Do any of your relatives or persons of your same household work here? If yes, please give their names.			
Position applied for:	Date you are available to start:		

List any certificates or licenses you hold related to your qualifications for the work you seek:

Please Check Applicable Skills That You Have:

Engineering	Project Management	Form Carpentry	Finish Carpentry
Bobcat	Forklift Laborer	Welding	Cement Placing
Cement Finishing	Mechanic	Fine Grading	Backhoe
Cranes	Other (explain)		

Do you possess a valid commercial driver's license?

Endorsements

Class	A	Passenger	Hazardous Material
	B	Double Trailer	Air Breaks
	C	Tank Vehicle	

Check if you are willing to accept regular work on:

Full Time	Temp/Seasonal	Day Shift	Night Shift	Weekends
Part Time	On Call	Evening Shift	Variable Shifts	

Can you stay late on short notice if required?

Are you willing to relocate?

Any prior commitments which would require absence of more than a few hours in the next 12 months?

If yes, please explain:

Are you now, or do you expect to be engaged in any other business or employment?

If yes, please explain:

EDUCATION

	School Name, City, State	Graduated Y/N	Degree & Major	GPA
High School				
College/Univ.				
College/Univ.				
Trade/Other				

Are you currently a student?

If yes, school name, course of study, & portion completed:

Outside activities while in school which you feel reflect your abilities:
Plans for future education/training:

EMPLOYMENT HISTORY		Start with PRESENT or most recent employer.	
Name of Organization		Employment Dates From To	
Type of Business or Industry			
Address		City	State Zip
Supervisor Name and Title			
May we contact your current employer?			
Phone Number		Email Address	
Your job title(s)			
Duties of position & skills used:			
Employment Status (FT, PT, contract):			
Reason for leaving			
Name of Organization		Employment Dates From To	
Type of Business or Industry			
Address		City	Address City
Supervisor Name and Title			
May we contact your current employer?			
Phone Number		Email Address	
Your job title(s)			
Duties of position & skills used:			
Employment Status (FT, PT, contract):			
Reason for leaving			

Name of Organization		Employment Dates From To	
Type of Business or Industry			
Address	City	Address	City
Supervisor Name and Title			
May we contact your current employer?			
Phone Number		Email Address	
Your job title(s)			
Duties of position & skills used:			
Employment Status (FT, PT, contract):			
Reason for leaving			

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities which may help assess your abilities. Please exclude those activities which may indicate your race, sex, national origin, disability status, age, religion, sexual orientation, color or ancestry.

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OTHER SKILLS AND QUALIFICATIONS

Please list any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

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PROFESSIONAL REFERENCES	
Please do not include family members.	
Name	Relationship
Company	
Position/Title	
Phone Number	Email Address
Name	Relationship
Company	
Position/Title	
Phone Number	Email Address
Name	Relationship
Company	
Position/Title	
Phone Number	Email Address

APPLICANT'S STATEMENT and ACKNOWLEDGEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete.

I understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my dismissal if hired.

I understand that an offer of employment is contingent based upon completion of a Local, State, and Federal background investigation and a drug screen. I understand that the refusal to submit testing will result in my disqualification for employment with this organization. Job offers are not final until confirmed in writing.

I agree to present documentation proving my eligibility to work in the United States, and that failure to do so voids any offer of employment.

Applicant's Name (please print)

Signature of Applicant

Today's date

POSITION APPLYING FOR: _____

DEMOGRAPHIC INFORMATION ON APPLICANTS
YOUR PRIVACY IS PROTECTED



This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions. Thank you for helping us to provide better service.

1. How did you learn about this position? (Check One):

- Private Employment Web Site
- Other Internet Site
- Job Fair
- Newspaper or magazine
- Friend or relative working for this agency .
- Private Employment Office
- Other: _____

2. Sex (Check One):

- Male
- Female

3. Ethnicity (Check One):

- Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

4. Race (Check all that apply):

- American Indian or Alaska Native community attachment.
- Asian.
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. Veteran Status (Check one):

- I am not a Veteran
- I belong to a protected classification of Veterans (disabled, recently separated, active wartime or campaign badge Veteran, armed forced service medal Veteran)
- I am a Veteran but do not fall into a protected classification

6. Disability/Serious Health Condition (Check one):

The next question addresses disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions.

- I have a disability or serious health condition
- I do not have a disability or serious health condition
- I do not wish to answer questions regarding disability/health conditions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

Purpose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. Effects of Nondisclosure: Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq,) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.