



FELDKAMP ENTERPRISES, INC.  
APPLICATION FOR EMPLOYMENT

\_\_\_\_\_

NO. \_\_\_\_\_

Revised: 02/25/2005

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, veteran status or union affiliation. Applicants will be tested for illegal drugs and alcohol.

\_\_\_\_ Journeyman    \_\_\_\_ Apprentice    \_\_\_\_ General Laborer    \_\_\_\_ Office    \_\_\_\_ Other \_\_\_\_\_  
(Trade)

1. Please review the instructions listed below carefully before filling out this Application. Failure to follow the instructions will result in exclusion of your Application.
2. Application will be kept on file for 60 days. If you wish to be considered for employment after 60 days from the date you submit your Application, you must call (866) 999-4473 and follow the instructions provided.
3. Answer only the questions asked. DO NOT include any extraneous information, which would indicate your race, age, color, sex, religion, national origin, veteran status or disability. Since we are an Equal Opportunity Employer, information relating to those factors has no place in our hiring process.

PERSONAL DATA

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

GENERAL INFORMATION

1. Days/Hours available to work:      No Preference \_\_\_\_\_  
    Monday \_\_\_\_\_  
    Tuesday \_\_\_\_\_  
    Wednesday \_\_\_\_\_  
    Thursday \_\_\_\_\_  
    Friday \_\_\_\_\_  
    Saturday \_\_\_\_\_  
    Sunday \_\_\_\_\_

2. Would you accept full-time work?     Yes     No
3. Would you accept part-time work?     Yes     No
4. Have you ever been employed here before?     Yes     No

If yes, please give approximate dates of prior employment at this company \_\_\_\_\_

5. Do you have a full-time position with another employer that would continue if our company employed you?     Yes     No
6. Do you have any experience from military service that would be relevant to the job(s) for which you are applying?

Yes     No    If yes, please explain \_\_\_\_\_

7. Do you have a legal right to be employed in the U.S.?

Yes  No (If yes, proof is required)

8. Are you of legal age to work?

Yes  No

9. Have you ever been convicted of a felony, or released from prison in the past five years?

Note: A yes answer does not automatically disqualify you from employment, since the Nature of the offense, date, and type of job for which you are applying will be considered.

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS EMPLOYERS

Please list all of the previous employers for whom you performed actual construction work on a jobsite over the last ten years. List the most recent employer first. Also include information for non-construction related jobs that you held during this same time period.

May we contact your most recent employer?  Yes  No

1. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Reason or Leaving \_\_\_\_\_
2. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Reason or Leaving \_\_\_\_\_
3. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Reason or Leaving \_\_\_\_\_
4. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Reason or Leaving \_\_\_\_\_

5. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
 Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Reason or Leaving \_\_\_\_\_
6. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
 Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Reason or Leaving \_\_\_\_\_
7. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
 Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Reason or Leaving \_\_\_\_\_
8. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
 Duties of Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Reason or Leaving \_\_\_\_\_

**(If additional space is required, please attach additional pages as necessary.)**

Have you ever worked with or for any employee or employees of this company who would be willing to give you a good reference? If so, who?

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In signing this application for employment, I understand that any misrepresentation or omission may be cause for cancellation of this application or for immediate dismissal. I agree that Feldkamp Enterprises, Inc. shall not be liable in any respect if my employment is terminated because of falsity or statements, answers, or omissions made by me on this application.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Feldkamp Enterprises, Inc. (Hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Feldkamp Enterprises, Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability because of such contact. I agree that the Company or any of its subsidiaries shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based upon successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of a job-related physical exam, laboratory test or psychological exam. I agree to sign an authorization to release such information necessary for such an investigation to be conducted.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relations with the Company is terminable at will for any reason by either party. In addition, I understand that no promise, representation or agreement to the foregoing is binding on the Company unless made in writing and signed by me and an authorized representative of the Company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Thank you for completing this application form and for your interest in our business.