

800-442-5874 712-243-4955 barb@henningsenconst.com

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Henningsen Const., Inc. to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including: apprenticeship, pre-apprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Henningsen Const., Inc. has designated Barb Meneely, 1407 SW 7th St., Atlantic, IA, 712-243-4955, as the EEO/AA Officer. Barb Meneely has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Henningsen Const., Inc. has an approved informal training and promotion program. At this time, our company offers training programs in the following job classifications/area.

Example:

Motor Patrol Operator, Truck Driver, Hot Asphalt Laborers, Paver or Screed Operator, Backhoe/Breaker Operator, Asphalt Roller Operator

The qualifications to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from:

Barb Meneely, EEO/AA Officer
1407 SW 7th Street, Atlantic, IA 50022
712-243-4599
barb@henningsenconst.com



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APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

Pre-employment drug testing is required.

Position(s) Applying For:		Date:		
How Did You Learn About Us?				
Advertisement	Friend	Walk-In		
Employment Agency	Relative	Other:		
Last Name:	First Name:		Middle Name:	
Address:				
City:	State:		Zip:	
Email Address:				
Phone Number:	Driver License Number:			
Are you at least 18 years of ago	e? Yes No			
Have you ever filed an applica	ion with us before?	Yes No		
If "Yes" give date:				
Have you ever been employed v	vith us before? Y	es No		
If "Yes" give date:				
Did you quit or were you fi	red? Quit Fi	red		
Reason:				
Who was your Previous Fo	oreman?			
Are you currently employed?	Yes No			
May we contact your present employer? Yes No				
Are you legally eligible for emp	loyment in the United	States? Yes	No	

On what date are you available for work? Are you available to work Full-time or Part-time? Full-Time Part-Time Please Explain: Are you currently on "lay-off' status and subject to recall? Yes No Can you travel if a job requires it? No Have you been convicted of a felony related to position applying for within the last 7 years? Yes No Note: Conviction will not necessarily disqualify an applicant from employment. If Yes, Please Explain: Will you be able to perform the essential functions of the position you have applied for? Yes No If No, what accommodation would make it possible for you to do this job? **EMPLOYMENT EXPERIENCE** Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Employer Dates Employed Hourly Rate/Salary Address From То From То Job Title Supervisor Telephone Work Performed Reason for Leaving Employer Hourly Rate/Salary Dates Employed Address From From То То Telephone Supervisor Job Title Work Performed Reason for Leaving Employer Hourly Rate/Salary Dates Employed Address From From Job Title Telephone Supervisor Work Performed

Reason for Leaving

	ny specialized to pment operation		renticeship, sk	ill, with	experience in cond	crete, steel erection, aspha
·						
Accident red	cord for past 3 y	ears or'mor	e (attach sheet	if more	e space is needed.)	
	Date		of Accident ar-End, Upset, etc.)		Fatalities	Injuries
Last Accident		·				
Next Previous						
Next Previous						
raffic convi		tures for the		other th	nan parking violation	
	Location		Date		Charge	Penalty
attach shee	et if more space	needed)				
DUCATIO	N—Optional					
Highest G	Grade Complete	d: K-8	9-12 S	ome Co	ollege 2 Year Co	ollege 4 Year College
Last Scho	ool Attended:					
XPERIEN	ICE AND QUA	LIFICATIO	NS — Driver			
	State		License No.		Туре	Expiration Date
Driver Licenses						

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?B. Has any license, permit, or privilege ever been suspended or revoked?					No No	
	either "A" or "B" above is "\	YES" attach a state	ment givii	ng detai	ils.	
PRIVING EXPERIENCE	Dates					
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	То	Approx. No. of Mil (Total)		
Straight Truck						
Fractor and Semi-Truck						
Tractor-Two Trailors						
Other						
			'			
List states operated in fo	r last 5 years:					

Middle Name:

Zip:

Which safe driving awards do you hold and from whom?

IN CASE OF EMERGENCY — Who should we contact?

First Name:

State:

Cell Phone Number:

Last Name:

Email Address:

Phone Number:

Address:

City:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature	
Written Signature:	Date:
Electronic Signature:	
By clicking the email button you will be submitting your job app the Henningsen Construction, Inc. Please make sure you have experience technical difficultly you can email it directly to <u>barb@</u>	all the information filled out before sending. If you
Office Use Only	