

# EMPLOYMENT APPLICATION

Cornell Construction Company, Inc.

P.O. Box 189

Clinton, OK 73601

580-323-1575 PHONE / 580-323-1579 FAX

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or, if discovered after employment, terminating employment. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. (Answer all questions – please print)

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Today's Date \_\_\_\_\_ Desired Position \_\_\_\_\_

Referred By \_\_\_\_\_ Rate of pay Desired \_\_\_\_\_ Per \_\_\_\_\_

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Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City  
State Zip Code How Long? \_\_\_\_\_  
Years/Months

Do you have the legal right to work in the United States?  Yes  No

Do you have a valid Oklahoma driver's license?  Yes  No

Name as appears on the license \_\_\_\_\_ DL# \_\_\_\_\_

Type \_\_\_\_\_

State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Endorsements \_\_\_\_\_

Do you have any traffic violations on you Motor Vehicle Record?  Yes  No

If yes, please describe.

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## GENERAL INFORMATION:

Have you worked for this company before?  Yes  No Project Location? \_\_\_\_\_

Supervisor? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

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

Do you have any obligations that would interfere with a work schedule?  Yes  No

If yes, please describe.

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Do you know anyone that works at Cornell Construction?  Yes  No

If yes, who? \_\_\_\_\_

Do you have any health issues that affect you while performing physical labor?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

If employed, why do you desire to make a change? \_\_\_\_\_

Are you willing to work 40 – 60 hours per week on a regular basis?  Yes  No

Do you have any issue working on weekends?  Yes  No

Have you worked in highway construction before?  Yes  No

What languages do you speak fluently? (check one or more)

English Spanish Other \_\_\_\_\_

Are you currently in any legal trouble?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

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**EDUCATION:** Please check the highest grade completed 7 8 9 10 11 12 13 14 15 16 16+

Name \_\_\_\_\_ City/State \_\_\_\_\_ GRADUATE? \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

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**REFERENCES:** Please list two people who are familiar with your work.

Name Phone Years Known/Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

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**MEDICAL INQUIRY:**

Have you ever had an injury in the course of employment?  Yes  No

If the answer is yes, answer below:

**First injury** Nature of injury \_\_\_\_\_  
Employer when injured \_\_\_\_\_  
Year \_\_\_\_\_ Remarks \_\_\_\_\_

**Second injury** Nature of injury \_\_\_\_\_  
Employer when injured \_\_\_\_\_  
Year \_\_\_\_\_ Remarks \_\_\_\_\_

**Third injury** Nature of injury \_\_\_\_\_  
Employer when injured \_\_\_\_\_  
Year \_\_\_\_\_ Remarks \_\_\_\_\_

**SKILLS AND EXPERIENCE:**

Please complete the following based on your years of experience and skill level. If no experience with a particular item, leave that portion blank.

*Use the following guideline for skill level:*

**A:** Senior Level / Capable of Training Others

**C:** Intermediate Skills

**B:** Strong Skills

**D:** Entry Level

Heavy Equipment – Earthwork					
Item	Years	Skill Level	Item	Years	Skill Level
Track Hoe			Backhoe		
Front End Loader			Dozer		
Scraper			Motor grader		
Heavy Equipment - Asphalt					
Item	Years	Skill Level	Item	Years	Skill Level
Asphalt Paver			Vibratory Steel Roller		
Screed Man			Pneumatic Roller		
MTV / Shuttle Buggy			Plant Operator		
Driver					
Item	Years	Skill Level	Item	Years	Skill Level
Water Truck			Tractor Trailer		
Haz Mat and/or Fuel Truck			Equipment Haul		
10 Wheel Dump			Other:		
Mechanic / Oiler					
Item	Years	Skill Level	Item	Years	Skill Level
Heavy Equipment			Preventive Maintenance		
Semi-Trucks			Engine		
Pickups /or Cars			Welder		
Other					
Item	Years	Skill Level	Item	Years	Skill Level
General Labor			Carpenter		
Equipment Washer			Concrete Finisher		
Surveying			Other:		
Office					
Item	Years	Skill Level	Item	Years	Skill Level
Microsoft Word			Accounting Software		
Microsoft Excel			Estimating Software		
AutoCAD / Micro Station			Other:		
Supervisory Skills					
Largest team you've managed?					
Field or Office?					
For how long?					
Other supervisory duties:					

List any skills, licenses, or certificates that may be job related you feel would be of value.

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**PREVIOUS EMPLOYERS:**

Your application will not be considered unless every question in this section is filled out. The telephone numbers you list must be correct. Ask for a phone book or call information if you are unsure.

**MOST RECENT EMPLOYER:** Are you currently working for this employer?  Yes  No  
If yes, may we contact?  Yes  No

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Duties \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER:**

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Duties \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER:**

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Duties \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## CDL SECTION

**Only fill this section out if you are applying to operate a commercial motor vehicle as defined by Part 383 FMCSR.**  
If you need more space to complete this section, please write on the back of the page.

Medical Card Expiration Date \_\_\_\_\_

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approx. Number of Miles
Straight Truck				
Tractor & Semi- Trailer				
Tractor & Two Trailers				
Other:				

Home addresses any time in the last 3 years:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Accident Record for past three years:**

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (other than parking violations):**

Date	Location	Charge	Penalty

Have you ever received a denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you?  Yes  No

If yes, please list in detail the facts and circumstances.

\_\_\_\_\_

\_\_\_\_\_

Were you subject to the FMCSR (Federal Motor Carriers Safety Regulations) while employed by any previous employer?  
 Yes  No

Was any job you held designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as a required by 49 CFR part 40?  Yes  No

**CDL SECTION (continued)**

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  Yes  No
2. If you answered yes, can you provide / obtain proof that you've successfully completed the DOT return-to-duty requirements?  Yes  No

List all names and addresses of employers during the 7 year period preceding the 3 years contained earlier in this application for which you were an operator of a commercial motor vehicle.

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**CORNELL CONSTRUCTION COMPANY, INC.**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**BACKGROUND CHECK PERMISSION (COMPREHENSIVE)**

**FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with Cornell Construction Company, Inc. (“Company”), I hereby agree as follows:

**1. GENERAL CONSENT TO BACKGROUND INVESTIGATION**

As a condition of Company’s consideration of my employment application, I give permission to Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

**2. CONSENT TO CONTACT PAST EMPLOYERS**

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant employment history with Company. I do hereby consent to the release of such information orally or in writing by my former employer.

**3. CONSENT TO CONTACT GOVERNMENT AGENCIES**

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

**4. MISCELLANEOUS**

I understand that I have no guarantee of employment and that the Company may determine not to hire me for any lawful reason.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number



# New Employee Self-Identification Form\*

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ (Optional) Social Security Number: \_\_\_\_\_

**Gender: Please place a check next to the appropriate category.**

MALE

FEMALE

**Race/Ethnicity: Please check one.**

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

**Veteran Status: Check all that apply.**

I am a disabled veteran.<sup>†</sup>

I am a recently separated veteran.<sup>†</sup> Date of discharge (MM/DD/YY) \_\_\_\_\_

I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

## Disability

I am an individual with a disability.\*

I have received the form and decline to provide the requested information.

\* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

<sup>†</sup> If you need a definition of these terms, please see below.

## SELF-IDENTIFICATION FORM DEFINITIONS

- The term "Disabled Veteran" means –
  - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
- An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.