



Cruz Construction, Inc.

7000 E. Palmer-Wasilla Hwy.
Palmer, Alaska 99645-8708
Tel: 907-746-3144

Fax: 907-746-5557

EMPLOYMENT APPLICATION

ALL SECTIONS ON APPLICATION MUST BE FILLED OUT ENTIRELY
IN ORDER FOR APPLICATION TO BE CONSIDERED COMPLETE.

Equal Employment Opportunity Policy:

Cruz is committed to operating in compliance with federal and state laws regarding equal opportunity, including Section 503 of the Rehabilitation Act. This commitment to equal opportunity governs decisions related to recruitment, hiring, placement, promotion, termination, transfer, leave of absences, compensation, training, and all other benefits of employment. These employment decisions will be based on employee's knowledge, skills, ability and performance – not race, color, religion, sex, genetic information, national origin, disability, age, marital status, change in marital status, parental status, pregnancy, membership in the Uniformed Services, certain veterans status or any other basis prohibited by law. Any applicant who needs reasonable accommodation under the Americans with Disabilities Act (ADA) to participate in the application process will be instructed to contact Human Resources.

POSITION APPLYING FOR

	DATE:
Where did you find out about our job opening? Website Job Service Newspaper Other (please list)	EXPECTED SALARY/WAGE:

PERSONAL

NAME:			
LAST	FIRST	MIDDLE	
MAILING ADDRESS:			
STREET	CITY	STATE	ZIP
PHYSICAL ADDRESS (REQUIRED):			
STREET	CITY	STATE	ZIP
PHONE NO:			E-MAIL:

EDUCATION

HIGH SCHOOL		LOCATION
YRS. ATTENDED	MAJOR SUBJECT	DIPLOMA RECEIVED
TRADE, COLLEGE, OR BUSINESS SCHOOL		LOCATION
YRS. ATTENDED	MAJOR SUBJECT	DEGREE RECEIVED

UNION AFFILIATION

OPERATING ENGINEERS	IBEW	LABORERS	OTHER: _____
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WORK HISTORY - 10 most recent years

DATE FROM/TO	NAME OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
DESCRIBE DETAILS OF TASKS PERFORMANCES AND YEARS OF EXPERIENCE DOING THAT TASK				
DATE FROM/TO	NAME OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
DESCRIBE DETAILS OF TASKS PERFORMANCES AND YEARS OF EXPERIENCE DOING THAT TASK				
DATE FROM/TO	NAME OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
DESCRIBE DETAILS OF TASKS PERFORMANCES AND YEARS OF EXPERIENCE DOING THAT TASK				

*****If additional space is needed please use separate sheet*****

CURRENT PROFESSIONAL LICENSES/CERTIFICATIONS/TESTING

DRIVERS LICENSE:	CDL- A CDL- B No CDL	DOCUMENT NUMBER:	ENDORSEMENTS:	DATE RECEIVED:	EXP DATE:
STATE ISSUED:	MEDICAL EXAM CERTIFICATE				
SAFETY:	FIRST AID/CPR				
	40- HOUR HAZWOPER				
	HAZWOPER SUPERVISOR				
CERTIFICATIONS:	NSTC				
	FORKLIFT TRAINING				
	POWDER LICENSE				
	CRANE (-TON RATING)				

REFERENCES (Three supervisors references; preferably most recent)

NAME	ADDRESS/TELEPHONE	BUSINESS	YEARS KNOWN

Any information given will be completely confidential. A conviction it is not automatic bar to employment.

Have you had **ANY** criminal (felony or misdemeanor) or Suspended Imposition of Sentence (S.I.S) convictions? Yes No

If yes please state the nature of the conviction(s)

Date of Conviction(s) _____

Please note a conviction is not an automatic bar for employment.

VERIFICATION OF INFORMATION

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature: _____

Date: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood this entire employment applicant. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, or while I am employed by Cruz Construction Inc. whether same is of record or not. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. **If hired, I understand I will be an at-will employee and either Cruz Construction, Inc. or I may terminate the employment relationship at any time with or without cause.** I agree to abide by all the rules and policies of the employer. This certifies that all entries on this application and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

EMPLOYMENT RELEASE WAIVER

I _____, request and authorize the release of employment information in response to any requests for the same from Cruz Construction, Inc., which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Cruz Construction, Inc. might contact in the course of conducting a reference check or background investigation of my suitability for employment.

In exchange for Cruz Construction, Inc. consideration of my applicant for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides information about me to Cruz Construction, Inc.'s or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Cruz Construction, Inc. or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

This Waiver and Authorization is effective for 60 days after the date of my signature below and a copy of this document shall serve the same purpose as the original.

APPLICANT SIGNATURE

DATE

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Last Name: _____ First Name: _____ MI: _____

Position Applied For: _____ Social Security Number: _____ - ____ - _____

RACE, ETHNICITY, AND GENDER INFORMATION									
Gender:	Female		Male						
Race/ Ethnicity:	Alaskan Native	American Indian	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White	Two or More Races	

DEFINITIONS OF RACIAL/ETHNIC GROUPS

ALASKAN NATIVE: Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.

AMERICAN INDIAN: Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN: Any person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK OR AFRICAN AMERICAN: Any person (not of Hispanic or Latino origin) having origins in any of the Black racial groups or Africa.

HISPANIC OR LATINO: Any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: Any person (not of Hispanic or Latino origin) having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: Any person (not of Hispanic origin) having origins in any of the original peoples of Europe, North Africa, or the Middle East.

TWO OR MORE RACES: Any person (not of Hispanic or Latino origin) who identify with more than one of the above races.

AGE INFORMATION: Your Age: _____ Date of Birth: _____

DISABILITY INFORMATION: Are you able to perform the essential functions of the job with or without an accommodation? ____ Yes ____ No If yes, please describe. _____

VETERAN'S INFORMATION: Branch of Service: _____ Dates of Active Duty: _____

Served in Vietnam? ____ Yes ____ No

Date and Type of Discharge: _____

Disabled Veteran? ____ Yes ____ No

Percentage of Disability? _____ Reserve Status? _____