



EMPLOYMENT APPLICATION (CRAFT)

Federal Law prohibits discrimination in employment practices because of race, color, religion, sex, age, disability, citizenship status or national origin. The law of Illinois also prohibits many of the above types of discrimination, prohibits other types of discrimination. We are an Equal Opportunity Employer.

APPLICANT INFORMATION									
								Date	
Last Name		First		M.I.		Other Names Known By :			
Street Address						Apartment/Unit #			
City		State		ZIP					
Phone		E-mail Address							
Date Available				Desired Salary					
Position Applied for									
Have you been advised of the essential functions for which you have applied?								YES	NO
Can you perform the essential duties of the type of work for which you are applying?								YES	NO
If no, please list any accommodations that would permit you to perform the essential duties :									
Are you authorized to work in the U.S.?		YES	NO	Are you at least 18 years of age?		YES	NO		
Have you ever worked for this company?		YES	NO	If so, when?					
Are you willing to work overtime as requested?		YES	NO						
If hired do you have reliable transportation that would enable you to get to work on time?								YES	NO
Name of any relatives working at this company:									
Referred by : (Union)									
EDUCATION									
High School						Address			
Did you graduate?	YES	NO	Degree / Course of Study						
College						Address			
Did you graduate?	YES	NO	Degree / Course of Study						
Other						Address			
Did you graduate?	YES	NO	Degree / Course of Study						

SOFTWARE /TECHNOLOGY				
Skills			Describe how much experience :	
General PC usage	YES	NO		
Email	YES	NO		
Microsoft Office	YES	NO		
Heavy Job Software	YES	NO		
Other (Please Describe) :				
PREVIOUS EMPLOYMENT				
In the following spaces provide a record of your last 3 construction jobs. Begin with the most recent.				
Company			Phone	
Address			Supervisor	
Job Title			Hourly Rate	\$
Responsibilities				
From		To	Did you work until the conclusion of the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If not, why?				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company			Phone	
Address			Supervisor	
Job Title			Hourly Rate	\$
Responsibilities				
From		To	Did you work until the conclusion of the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company			Phone	
Address			Supervisor	
Job Title			Hourly Rate	\$
Responsibilities				
From		To	Did you work until the conclusion of the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
MILITARY SERVICE				
Branch			From	To
Rank at Discharge			Type of Discharge	

If other than honorable, explain	
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REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

EMERGENCY CONTACT INFORMATION

Full Name		Phone	
Address			

DISCLAIMER AND SIGNATURE - READ CAREFULLY

The facts set forth above are true and complete. I hereby authorize the investigation of all statements contained in this application and full disclosure of my prior education and employment records, as well as my credit history, if applicable. I understand that employment is contingent upon this investigation and, if employed, false or misleading statements in this application shall be considered sufficient cause for dismissal.

I recognize that any employment offer will be conditional on satisfactory completion of an employment physical examination.

I also agree that I will voluntarily submit a drug screening if the Company deems such screening to be necessary and the applicable bargaining agreement allows for such testing.

I hereby release both Company, any prior employer, school or credit reporting agency, including their agents, employees, representatives or attorneys, from all liability which may arise from the providing or use of any personal, employment, school or credit reference from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by previous employers or schools.

Signature	Date
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Note: Only qualified applicants who have been contacted for an interview will be asked about criminal history. Applicants are not required to disclose their sealed or expunged records, including expunged juvenile criminal records.

FOR INTERNAL USE ONLY

Position(s) applied for is open : YES <input type="checkbox"/> NO <input type="checkbox"/>
Positions Considered for:
Date of interview:
Interviewed By :

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a 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.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.