



### Application for Employment

Our organization is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone Number : (    ) \_\_\_\_\_ Alternate Telephone Number: (    ) \_\_\_\_\_

How did you hear about Ebert Construction? \_\_\_\_\_

### EMPLOYMENT INFORMATION

If hired, are you able to submit verification of your legal right to work in the United States?    YES     NO

Position Desired \_\_\_\_\_ Second Choice \_\_\_\_\_

Available Start Date \_\_\_\_\_ Salary Expectation \_\_\_\_\_

Do you desire:    Full Time     Part Time     Evenings     Weekends

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?    Yes     No

### EMPLOYMENT EXPERIENCE

List names and addresses of previous employers during the last five years. Begin with your most current employer.

<b>1. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>2. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>3. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		

Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>4. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

### EDUCATION

Type of School Attended	School Name and Location	Did you Graduate? YES/ NO	Field of Study
High School: circle highest grade completed 9 10 11 12			
Additional Education Vocational, Technical, University, College			
Additional Training/Qualifications			

### SPECIAL SKILLS AND QUALIFICATIONS

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### PROFESSIONAL REFERENCES

List names and contact information of three professional references. Professional references may include previous co-workers, supervisors, instructors, or other individuals who are familiar with your professional experiences.

NAME OF REFERENCE	COMPANY NAME	JOB TITLE	TELEPHONE NUMBER

I authorize **Ebert Inc** to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This Application is not an employment agreement. Employment with **Ebert Inc** is at will. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing, signed by such officer.

Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may also be required to complete a medical history form and be examined by a medical professional designated by the company.

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Ebert Inc** to make an investigation of any of the facts set forth in this application."

I fully understand and accept all terms and conditions in the above statement.

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

\_\_\_\_\_  
Date

## VOLUNTARY EEO QUESTIONNAIRE

**Ebert Inc** is committed to the provision of equal opportunity employment for all qualified persons in all job classifications in recruitment, selection and promotion without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, military status, veteran status or any other protected status. Completion of this form will assist us in complying with federal regulations and other applicable legal requirements. Submission of this information is voluntary and is not considered in employment decisions. This form will be kept separate from the employment application, and is considered confidential.

<b>Date:</b>	<b>Position Applied For:</b>	
<b>Applicant's Name: (First, Middle, Last)</b>		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race/Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races	<b>Disability or Veteran Status:</b> <input type="checkbox"/> Individual with Disability <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Other Protected Veteran
<b>Signature</b>		
<b>Signature</b>		
<b>Race/Ethnicity Classifications:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><b>Black or African American:</b> A person having origins in any of the Black racial groups of Africa.</p> <p><b>Asian:</b> 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.</p> <p><b>Two or More Races:</b> All persons who identify with more than one of the above five races.</p> </div> <div style="width: 45%;"> <p><b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><b>American Indian or Alaska Native:</b> A person having origins in of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> </div> </div>		
<b>Disability or Veteran Status Qualifications:</b>  <p><b>Individual with Disability:</b> A person who, generally, (i) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment. An individual is 'substantially limited' if he or she is unable to perform a major life activity that the average person in the general population can perform, or is significantly restricted as to the condition, manner or duration under which a person can perform a particular major life activity as compared to the condition, manner, or duration under which the average person could perform the same activity.</p> <p><b>Veteran of the Vietnam Era:</b> A person who (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, in the republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (iii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in another place between August 5, 1964 and May 7, 1975.</p> <p><b>Other Protected Veteran:</b> Any other veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than disabled veterans or veterans of the Vietnam era.</p>		