

Rohde Bros. Excavating, Inc.

1240 N Outer Drive

Saginaw, MI 48601

Employment Application

Thank you for your interest in Rohde Bros. Excavating, Inc. We look forward to reviewing your application. Please note that it is crucial to fill out this application in its entirety as we need a clear understanding of your background and work experience.

Rohde Bros. Excavating, Inc. is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, gender identity, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

Your Information

Name (Last, First, M.I.)

Date of Application

Address (Street, City, State, ZIP)

Phone Number with Area Code

Social Security Number

Are you 18 years or older?

Yes

No

Are you a U.S. Citizen?

Yes

No

Have you filled out an

application with us before?

Yes

No

Have you previously been
employed with us?

Yes

No

If yes, when?

List supervisors

name

List any friends or relatives working here

What method of transportation will you
use to come to work?

What position are you applying for?

Kind of work sought

Full Time

Part Time

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Required Salary

Date Available to Work

References

First Name

Last Name

City and State

Phone

E-mail Address

Number of Years Acquainted

First Name

Last Name

City and State

Phone

E-mail Address

Number of Years Acquainted

First Name

Last Name

City and State

Phone

E-mail Address

Number of Years Acquainted

Employment Experience

Employer Name

Employer Address

Supervisor and Phone Number

Job Title

Date Started

Date Left

Starting Rate

Final Rate

Reason for Leaving

Type of work
performed

Employer Name

Employer Address

Supervisor and Phone Number

Job Title

Date Started

Date Left

Starting Rate

Final Rate

Reason for Leaving

Type of work
performed

Employer Name

Employer Address

Supervisor and Phone Number

Job Title

Date Started

Date Left

Starting Rate

Final Rate

Reason for Leaving

Type of work performed

Education

High School

Course of Study

Graduated

Yes
No

Years Completed

College

Course of Study

Graduated

Yes
No

Years Completed

Graduate

Course of Study

Graduated

Yes
No

Years Completed

Certifications,
Apprenticeships,
vocational training

Military Service Record

Have you been in the Armed Forces of the United States or in a State National Guard?

If Yes, what branch?

Yes

No

Are you in the Reserves?

If Yes, list the date obligation ends

Yes

No

List any special/technical training

Additional Information

Do you have a valid Drivers License?

Do you have a valid Chauffeurs License?

Yes

Yes

No

No

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital or veteran status, height, weight or age

State any additional information that you feel may be helpful to us in considering your application.

Name, address, and telephone number of the person to be notified in the event of accident or emergency

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical are known.

Applicants Signature

Date

Equal Employment Opportunity Questionnaire

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

In order to evaluate our progress as an Equal Opportunity Employer, we are asking applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUESTED AND VOLUNTARY.
INFORMATION PERTAINING TO VETERAN STATUS IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Confidential Applicant Information: Female Male

Race/Ethnic Heritage (Please check one). If two or more categories apply, choose the one with which you most clearly identify.

- | | |
|--|--|
| Hispanic or Latino | -A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| White (Not Hispanic or Latino) | -A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| Black or African American (Not Hispanic or Latino) | -A person having origins in any of the black racial groups of Africa. |
| Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| Asian (Not Hispanic or Latino) | - 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. |
| American Indian or Alaska Native (Not Hispanic or Latino) | - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| Two or More Races (Not Hispanic or Latino) | - All persons who identify with more than one of the above five races. |
| Other | |

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

Are you a Veteran of the United States Military Armed Forces? Yes No

Applicant Name (Print) _____ Applicant Signature _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Criminal Records Check

Name: _____

Date of Application: _____

Have you been convicted of a crime as defined by the attached Company Criminal Records Check Policy? Yes No If so, where, when and nature of offense

I represent that all of the information now or hereafter given by me in support of my application is true and complete.

Applicant signature Date

CRIMINAL RECORD CHECK AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I authorize _____ (“the Company”) to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners. The Company will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization. I understand that if the Company hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows. I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

- I authorize GoodHire and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name	
Legal Guardian Name (if applicant is under 18)	Applicant/Legal Guardian Email
Applicant/Legal Guardian Signature	Date

- Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com