

SIGNATURE CONTRACTING SERVICES

This employer, in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, AIDS, HIV status or other related conditions, age, physical handicap, disability, or any other legally protected status. Note: Applicants may request any accommodation needed to participate in the application process.

This application was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job related inquiries to the best of your ability.

NAME _____ SOCIAL SECURITY NO. _____
 (PLEASE PRINT) (LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS _____ PHONE _____
 (STREET) (CITY) (STATE) (ZIP)

POSITION DESIRED _____ FULL-TIME [] PART-TIME [] Date Available for work _____

Have you ever worked for us before? YES [] NO [] If YES, when? _____ Are you currently employed? YES [] NO []

Are you over 18 years of age? YES [] NO [] Over 21? YES [] NO [] Are you willing to work overtime? YES [] NO []

Are you willing to travel? YES [] NO [] If YES, What percent of time? _____

If employment is offered, can you submit a Social Security Card, Certificate of U.S. citizenship or verification of your legal right to work in the U.S.? YES [] NO []

If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State? YES [] NO []

Please review the job description of the job for which you are applying. Are you able, with or without accommodation, to perform all the essential functions of the job? YES [] NO [] (A "NO" response will not automatically disqualify you from being considered for employment.) If accommodation is needed, you are invited, but not required, to help us comply with our obligation under the American with Disabilities Act by describing what you think could be done to accommodate you. _____

Have you ever been convicted of a felony? YES [] NO [] (A "YES" response will not automatically disqualify you from being considered for employment.) If YES, please explain. _____

OTHER MISCELLANEOUS INFORMATION

May we contact your present employer? YES [] NO [] Previous Employers? YES [] NO [] Please identify any exceptions and reasons for not contacting. _____

In order to permit a check of your work and education records, have you ever been known by another name? YES [] NO [] (A "YES" response will not automatically disqualify you from being considered for employment.) If YES, please explain _____

Have you ever been dismissed or forced to resign from any employment? YES [] NO [] (A "YES" response will not automatically disqualify you from being considered for employment.) If YES, please explain _____

EDUCATION DATA

Type of School	Print Name of School, City and State	No. of Years Completed	Type of Diploma or Degree	Major Course of Study
High School				
College				
Trade, Business, Night, or Correspondence.				
Other Education				

Whom might we contact in case of emergency? NAME _____

PHONE _____

EMPLOYMENT HISTORY

Beginning in the following spaces, give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

1. Company	Employed from _____ mo. / yr. to _____ mo./ yr.	Starting Position
Address		Last Position
City/State	Telephone	Other positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for leaving		

2. Company	Employed from _____ mo. / yr. to _____ mo./ yr.	Starting Position
Address		Last Position
City/State	Telephone	Other positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for leaving		

3. Company	Employed from _____ mo. / yr. to _____ mo./ yr.	Starting Position
Address		Last Position
City/State	Telephone	Other positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for leaving		

4. Company	Employed from _____ mo. / yr. to _____ mo./ yr.	Starting Position
Address		Last Position
City/State	Telephone	Other positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for leaving		

OTHER SPECIAL SKILLS

Describe any other special job-related skills or qualifications (e.g. military experience and training, computers, professional association, etc.) That would be valuable to the position for which you are applying. If you are a valid Class A or B CDL licensed driver, please indicate in this area. Some positions require a valid Class A or B CDL license.

APPLICANT'S STATEMENT

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand that any falsified information or significant omissions may disqualify me from further consideration for employment, and, if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by Signature Contracting Services, and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at anytime, with or without cause and with or without notice, by either Signature Contracting Services or me. I further understand that this application is not intended to be a contract of continued employment, and that my at-will employment status cannot be changed except by a written document signed by the President of the Company. I further understand that no supervisor, manager or other employee or representative of the Company, other than the Company President, has the authority to change the at-will nature of any employment and that any oral promises of employment for a definite period or that are otherwise contrary to my at-will status are not binding upon the Company.

In consideration of my being considered for employment with the exceptions shown on the cover page of this application, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I will be required to submit to a drug screening test as a condition of employment. I further understand that failing such test, or refusing to submit to it, will result in my not being considered for employment. Test results showing any detectable amount of illegal drugs may result in rejection.

I understand and agree that if I am hired I am required to read and abide by all the rules and regulations of the Company governing the conduct of its employees. The use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the Company is prohibited, unless approved by the President, and I further agree that I will not attempt to perform any work for the Company or its related entities while under the influence of alcohol or any debilitating drug, legal or illegal.

I understand that during my employment I may be required to take a breathalyzer test for the purpose of determining any measurable amounts of alcohol in my body. I also understand that blood/alcohol screen tests may be performed on a random basis during my employment and that my refusal to submit to such tests may result in immediate job termination.

I understand that if I am offered employment, I will be required, as a condition of employment, to under go a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or clinic/hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination will result in my not being considered for employment.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the company's vehicle liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the Company; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that my employment may be terminated should I fail to satisfy any of the above requirements. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I certify that I am eligible for employment in the United States and that the documents I furnish, or will furnish, to verify my eligibility are true and correct. I further understand and agree that if offered employment I will have three(3) days to submit such documents. Failure to submit documents within three(3) days will result in my not being considered for employment.

Signature of Applicant

Date

Note: This application will be retained for active consideration for employment for three (3) months. Applicant can continue to be considered for employment after that date by calling the Company's hiring office and indicating that he/she is still available for employment. After six (6) months, it will be necessary that the applicant complete a new application if he/she still wishes to be considered for employment.

DEPARTMENT _____
CLASS CODE _____
SI CODE _____

RATE _____
START DATE _____
EMPLOYEE NUMBER ASSIGNED _____

CONDITIONAL JOB OFFER

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

Based on your request for employment and a preliminary interview, you are hereby offered employment with our organization for the position of _____ at a rate of _____. This offer is conditional upon your completing and passing a medical physical and drug screening. The physical will be based on the essential job functions required for the position you applied.

False or intentionally misleading information to this process concerning your application and/or job interview, or your not having a safety or accident record satisfactory to us, unrelated to a disability, will be grounds to decline this offer or terminate your employment.

Is employee a DOT driver working under the Federal Highway Administration? (FHWA) _____ Yes _____ No

Is employee a gas pipeline worker working under the Research and Special Programs Administration? (RSPA) _____ Yes _____ No

Will employee be driving for the company? _____ Yes _____ No

If so, will employee be on the truck policy? _____ Yes _____ No

TYPE OF TRUCK ALLOWANCE

A: FLAT RATE "FIELD"
AMOUNT _____

B: SUPERINTENDENT PLAN

a: FLAT

b: MILEAGE

C: PROJ. MANAGER PLAN

a: FLAT

b: MILEAGE

D: EXECUTIVE PLAN

a: FLAT

b: MILEAGE

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Authorized Company Representative)