

Application for Employment

DATE: _____

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____

State: _____ County of Residence: _____

DOB: _____ City/State of Birth: _____

Home Phone: _____ Cell Phone: _____ SSN: _____

Drivers Licenses Number: _____ State: _____ Expiration: _____

Emergency Contact Person: _____ Phone Number: _____

UNION AFFILIATION

Craft: _____ Local: _____ Card Number: _____

Journeyman Apprentice Apprenticeship Period: _____

Previous Badges Held

Y12: Date: _____ TVA: Date: _____ Other: _____

List Previous Site-Specific Training (ex. GET, OSHA)

- _____
- _____
- _____

OFFICE USE ONLY

Start Date: _____ Drug Test Date: _____ Results: _____ Employee ID: _____

Administration Signature: _____ Printed Name: _____

SAFETY AND BADGING

Please initial each line.

- I understand any ID badges or safety monitoring devices issued by Hatfield Construction or a job site company will be maintained up to date and in possession of the employee while on site. Do not leave badges visible in parked vehicles.
- I understand all issued mandatory safety equipment, necessary tools, monitoring devices and issued badges must be returned to Hatfield Construction upon issuance of a final paycheck for layoff or termination. Failure to do so may result in payroll withholdings.
- I understand unsafe equipment shall be reported to the immediate supervisor. Unsafe equipment shall not be operated until supervisor verifies the equipment has been repaired or replaced.
- I understand and agree to follow all safety and health rules and regulations of Hatfield Construction and/or partnered owner companies. I agree to review and follow hazard and site-specific communications.
- I hereby acknowledge receipt of "The Safety Rules for Employees" booklet issued by Hatfield Construction and agree to read carefully and conform to the rules to do all possible to prevent injury to myself or fellow workmen/woman.
- I understand in the event of injury to my person during work with Hatfield Construction I will immediately report said injury to the direct supervisor no matter the significance of the injury.
- I understand that personal protective equipment is supplied and is MANDATORY.
- I understand no job is complete until the site is clean.

DRUG AND ALCOHOL ABUSE

- I understand Hatfield Construction is a drug and alcohol-free workplace and any employee found to be under the influence or in possession of drugs or alcohol is subject to immediate termination.
- I understand failure to comply with the above rules may result in immediate termination.
- I agree to participate in a non-discriminatory drug testing program as implemented in the company safety manual as written herein or as modified to conform to specific project locations.
- I understand employment terms may be modified or expanded upon depending on requirements of specific project locations.

Signature: _____ Printed Name: _____ Date: _____

TRAINING SESSION

Please initial each line

HAZARD COMMUNICATION

- _____ I know where the Material Safety Data Sheets (MSDS) for my work are kept.
- _____ I understand safe work place procedures and precautions to be taken when working with these products and the use of Personal Protective Equipment.
- _____ I know where the emergency supplies are kept.
- _____ I know where the emergency phone numbers and hazard communication information is posted.
- _____ I am aware that I may receive copies of the hazardous chemical list within Hatfield Construction's written program and MSDS.

Signature: _____ Printed Name: _____ Date: _____

EMPLOYEE DEMOGRAPHICS RECORD

It is and will continue to be the policy of Hatfield Construction, LLC not to discriminate unlawfully based on race, color, religion, gender, age, disability, veteran’s status, marital status, or sexual orientation in its recruitment, hiring, training, promotion and compensation of persons employed in all job classifications and to further the principals of equal opportunity in its personal actions and employment.

This request is designed to help us comply with government reporting requirements under federal law, and to fulfill other duties and legal requirements imposed upon the company from time to time. We request, but do not require, that you fill out this form. Any decision not to complete this form, or any part of it, will not adversely affect your employment or employment opportunities at this firm. **YOUR COOPERATION IS VOLUNTARY.**

Any information that you provide will be kept in a file separate from your personal file.

Please indicate which one of the following categories utilized by the Equal Employment Opportunity Commission (“EEOC”) that best describes you.

Check One: _____ Male _____ Female

Check the one group with which you most identify: (Race/Ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins.)

- ___ White: (Not Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North America, or the Middle East.
- ___ Black: (Not of Hispanic Origin) – All persons having origins in any of the black racial groups of Africa.
- ___ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ___ Asian or Pacific Islander: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands.
- ___ American Indian or Alaskan Native: All persons having origins in the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Even if you choose not to complete this page, please be certain to date and sign below.

Signature: _____ Printed Name: _____ Date: _____