



Employment Application

An Equal Employment Opportunity Employer

Please complete all portions of this application. If you are unable to recall specifically any item of information requested, please so indicate. Incomplete applications will delay processing. Account for any gaps in employment. **Please Note: "See Resume" is not an acceptable response to any question.**

Personal Data

LEGAL NAME (LAST, FIRST, MIDDLE) _____ DATE _____

PLEASE INDICATE ANY OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE PURPOSES). _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () _____ CELL PHONE () _____

If hired, can you provide proof of your legal right to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

If you are under the age of 18, will you be able, upon employment, to submit a work permit? Yes No

EMAIL ADDRESS:

Position applying for: _____ Expected Starting Salary: _____

How did you learn of this job?

Newspaper Ad _____ Internet Site _____

Company employee (name and location) _____ Other _____

If hired, will you have concurrent or self employment with another company/employer? Yes No **If yes, give details.**

The company partners with a third party reporting agency to perform thorough criminal background checks on all candidates as a condition of employment. Any offer of employment will be extended contingent upon the candidate's cooperation with that reporting agency and upon the Company's review and individualized evaluation of the resulting criminal background report. A criminal conviction will not necessarily disqualify a candidate from employment with the Company.

If hired, when could you start? _____ Would you be willing to work overtime? Yes No

Would you be willing to travel if required? Yes No

Have you ever applied to or been employed by RockForce Construction LLC (the "Company"), or by any affiliate/subsidiary Company, including Sukut, S90, or Matlock Design Build before? Yes No

Where: _____ When: _____

List any friends or relatives (including in-laws) employed by the Company or any affiliate/subsidiary or division:

NAME LOCATION RELATIONSHIP

1. _____

2. _____

Do you have a valid driver's license? Yes No **If yes, give license number, state, expiration date.**

Do you have other relevant /current licenses? Yes No **If yes, give license number, state, expiration date.**

Are you now or have you ever been subject to any restrictive covenants (for example, Non-Solicitation, Non-Compete, etc.?) Yes (provide details) No

Do you require any accommodation to take employment tests or participate in an interview? If so, please specify what accommodation you need.

Skills

List any skills or special qualifications that may assist you in the performance of the job for which you are applying.

Employment History - *Begin with most recent employer. List at least five (5) years of employment history. Please do not put "See Resume". Omission of prior employment or providing erroneous information is considered falsification and will result (if employed) in the termination of employment, withdrawal of offer or discontinuance of processing of application. Gaps in employment longer than three (3) months must be explained.*

Employer _____ Type of Business _____ Employed from: month/year to month/year
/ - /

Address _____

City _____ State _____ Zip Code _____

Beginning Title: _____ Final Title: _____

Job duties:

Immediate Supervisor's Name / Title _____ May we contact for a reference? Yes No

Reason for leaving: Resigned Laid Off Terminated Other
Explain: _____

Employer _____ Type of Business _____ Employed from: month/year to month/year
/ - /

Address _____

City _____ State _____ Zip Code _____

Phone ()

Beginning Title: _____ Final Title: _____

Job duties:

Immediate Supervisor's Name / Title _____ May we contact for a reference? Yes No

Reason for leaving: Resigned Laid Off Terminated Other
Explain: _____

Employer _____ Type of Business _____ Employed from: month/year to month/year
/ - /

Address _____

City _____ State _____ Zip Code _____

Phone ()

Beginning Title: _____ Final Title: _____

Job duties:

Immediate Supervisor's Name / Title _____ May we contact for a reference? Yes No

Reason for leaving: Resigned Laid Off Terminated Other
Explain: _____

Account for other periods of time when not employed:

Education Record

CIRCLE HIGHEST GRADE COMPLETED	SCHOOL	MAJOR	DEGREE	ADDRESS
High School 1 2 3 4				
Trade/Bus. School 1 2 3 4				
College 1 2 3 4				
Graduate School 1 2 3 4				

Professional Licenses or Certificates held:

List any other related training or education:

U.S. Military Service (Check here if Not Applicable)

Branch of Service

Final Ranking

Duties/ special training

Professional References

List professional references, preferably supervisors, who are familiar with the quality of your work, have worked directly with you, and have known you at least two years. **Do not list family members or personal references.**

1. Reference Name

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

2. Reference Name

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

3. Reference Name

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

PLEASE READ CAREFULLY AND SIGN

Employment-At-Will Agreement:

I understand that employment at the Company and any of its parent, affiliates or successor companies, is on an "employment-at-will" basis and therefore agree that, if I am hired by the Company, my employment is for an indefinite period and may be terminated at any time, for any reason, with or without cause, by me or the Company without prior notice. I further understand and agree that, although other terms and conditions of my employment may change, this "employment-at-will" relationship will remain in effect throughout my employment with the Company and any of its parent, affiliates, or successor companies, unless it is specifically modified by an express written document that is signed by the President or Founder of the Company and me. Any person, statement, act, series of events, or patterns of conduct may not modify, by a verbal or implied agreement, this at-will employment relationship. I hereby acknowledge that these statements about the at-will nature of employment at the Company constitute the complete understanding between the Company and me regarding this subject.

I understand that the Company will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the Company discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the Company, that I will be subject to disciplinary action, up to and including termination of employment.

The Company is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this Company. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated. The Company participates in the EVerify Program.

I authorize the Company to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the Company will obtain background information about me from a consumer reporting agency and will conduct a criminal background check and drug screen. Before requesting said report from any agency, the Company will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the Company and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Company.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.

If employed, I understand and agree that the Company retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that I will be required to comply with federal and/or state Drug Free Workplace Laws and regulations. I understand and agree to comply with such laws.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the Company's confidentiality, non-compete, dispute resolution and/or other similar agreements. I also agree to notify the Company during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers, or other potential conflict.

I understand that the technical processing and transmission of the application, including my personal information, may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by RockForce Construction LLC, its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks or devices. Accordingly, I agree to permit such parties to make such transmissions and changes, and hereby provide the necessary consent for the same.

Applicant's Signature _____

Date _____

Drugs:

The Company reserves the right to administer drug tests as a condition of employment, after a workplace accident or at any time during an employee's employment. I understand that possession, use, sale, purchase, or being under the influence of illegal drugs or other controlled substances on the job will result in termination of employment.

I understand that **all offers of employment will be in writing**, setting forth the terms and conditions of employment at the Company. No person is authorized to make a verbal offer of employment on behalf of the Company, and I understand that I should not take any action in reliance on any oral statements about future employment made by any Company representative during the interview process.



**All Company facilities are non-smoking environments.
Smoking is prohibited within these facilities.**

All statements made on this application for employment are true and correct. I understand that falsifying statements or withholding information on this application for employment is grounds for termination or discontinuance of consideration of employment.

Applicant's Signature _____

Date _____

Check if any of the following are applicable:

- Vietnam Era Veteran: Served for a minimum of 180 days during August 5, 1964, through May 7, 1975, and was discharged or released with other than a dishonorable discharge.
- Disabled Veteran: A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- I am not a protected Veteran

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier. How do I know if I 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 limited to:

Blindness
Autism
Bipolar disorder
Post-traumatic stress disorder (PTSD)
Deafness
Cerebral Palsy
Major depression
Obsessive compulsive disorder
Cancer
HIV/AIDS
Multiple Sclerosis (MS)
Impairments requiring the use of a wheelchair
Diabetes
Schizophrenia
Missing limbs or partially missing limbs
Intellectual disability (previously called mental retardation)
Epilepsy
Muscular Dystrophy

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
 No, I don't have a disability
 I do not wish to answer