



Application for Employment

-All information is used only for employment application purposes and will be kept confidential-

Personal Information:

Name (Last, First, Middle Initial)		Social Security Number	
Current Address-Street	City	State	Zip
Phone numbers- (Home and/or Cell)		Are you at least 18 yrs old?	

Employment Information:

Position Applying For:	Date you can start	Salary or Hrly Wage Desired (required)
Describe your current employment status:		
Have you work for Kerr in the past? If so, when?	Have you applied to work at Kerr before? Is so, when?	
If you worked for Kerr in the past, who did you work for, and why did you leave?		
How did you hear about Kerr, and why are you interested in this position?		

Education:

Type of School	Name & Location of School	# of years Attended	Did you Graduate? If Yes, Date	Certificate, Diploma or Degree (Area of Study)
K-8-Grammer School				
High School				
College				
Trade, Vocational Business, etc.				

Military Service:

Branch of Service:	Discharge Date/ Rank:
MOS- vocational specialities:	Training, Skills...



Application for Employment

Previous Work Experience

Provide experience information for at least the last 10 years,
List from most current to least current positions held. Copy this page if more space is needed.

Most current employer: **Still Employed? Yes? No?**

Name of employer:			
Street Address	City	State	zip
Start date:	Date last worked:	Job Title(s)	
Starting pay rate:	Final pay rate:	May we contact this supervisor?	
Name of Supervisor	Supervisor's Title	Phone number:	
Types of work performed:			Average number of hours worked per week:
Reason for leaving:			

Prior employer:

Name of employer:			
Street Address	City	State	zip
Start date:	Date last worked:	Job Title(s)	
Starting pay rate:	Final pay rate:	May we contact this supervisor?	
Name of Supervisor	Supervisor's Title	Phone number:	
Types of work performed:			Average number of hours worked per week:
Reason for leaving:			

Prior employer:

Name of employer:			
Street Address	City	State	zip
Start date:	Date last worked:	Job Title(s)	
Starting pay rate:	Final pay rate:	May we contact this supervisor?	
Name of Supervisor	Supervisor's Title	Phone number:	
Reason for leaving:			



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Professional References

Name	Phone Number	How they know you:	Years Known

Background Information

Have you ever been involved in a company Safety Committee? If so, how were you selected to participate on the committee?
Have you ever received any special awards, recognition or promotions based on your performance or safety record? If so, please describe:
Have you ever been disciplined or terminated from a job for violation of company policy or safety violations? (Your response does not necessarily exempt you from consideration for employment).

General Skills, Abilities and Background

Do you have a valid driver's license? If no, please explain:	Please include copy of Motor Vehicle Report with your application.
Do you have a current First Aid-CPR card?	Please be prepared to provide a copy of your First Aid-CPR card.
Do you have reliable transportation?	You will be responsible for your own transportation to, and between job sites.

Capabilities to Perform the Work

Check one:

- I am aware of the demands and capabilities of the type of job I am applying for and believe that I am ready and capable to perform the job.
- I have questions about the job or this type of work and wish to review a job description.



Application for Employment

Heavy Construction Background

Have you worked in this field? How many years

If so, what types of projects?

Describe your experience:

Equipment	Type and size? How much time on equipment?
Excavators	
Backhoes	
Loaders	
Dozers	
Scrapers	
Paving Equipment	

Other Equipment (list):

Any Equipment or Construction specific vocational training, apprenticeships, etc?
Please describe:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application this application shall be grounds for dismissal.

I also authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that Kerr Contractors, Inc. reserves the right to at-will employment in all cases; no employment contracts are allowed at any time, implied or otherwise. No representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also understand that any job offers will be conditional pending satisfactory completion of a pre-employment background check, integrity test, a physical exam and a drug screen.

Print Name

Signature

Date

As an applicant for a position Kerr Contractors please complete and submit this form as indicated at the bottom of the page. Your information is confidential and

Thank you for your cooperation.

Submitting this information is voluntary, but the information we collect is important in our efforts to promote Equal Employment Opportunities.

PRINT NAME	Last	First	Middle
	SEX <input type="checkbox"/> M <input type="checkbox"/> F	US VETERANS STATUS (see definitions below) <input type="checkbox"/> None <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Other Protected Veteran	
How did you find out about this position?			

Identify your primary ethnic or racial group. (See definitions below.) Please check only one category.

- White
- Black or African American
- Hispanic or Latino or Spanish Origin
- Multi-Racial: If you are more than one race, please also check this box and indicate your preference above as appropriate.
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native

DEFINITIONS:

Hispanic or Latino or Spanish Origin: A person with origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or has community recognition as American Indian or Alaska Native.

Asian: A person with 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.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Native Hawaiian does not include individuals who are native to the state of Hawaii by virtue of being born there.)

Black or African American: A person with origins in any of the Black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Female: A female applicant.

Veteran of the Vietnam Era: A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; (b) was discharged and released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).

Recently Separated Veteran: Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veteran: A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

THANK YOU for completing this form. Please send or drop off the completed form directly to:

**Kerr Contractors - EEO Records
PO Box 1060
Woodburn, OR 97071**

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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.¹ 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 not 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 DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Driving Records Request

The job you are applying for may require you to drive or operate vehicles and equipment owned by Kerr Contractors.

You should not apply for this job if you do not have, or cannot obtain, a valid driver's license.

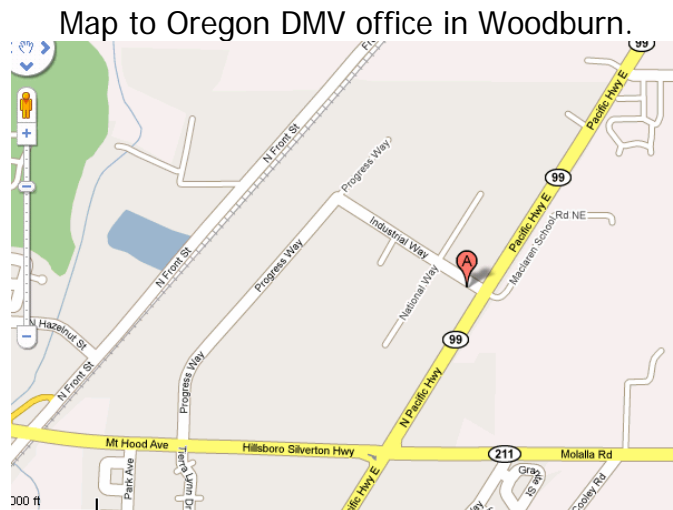
In order to be qualified to drive or operate vehicles and equipment owned by Kerr Contractors, Inc., your driving record must be evaluated using criteria approved by our insurance providers.

If you believe you are qualified for a position with Kerr Contractors, and that your driving record performance will meet the requirements of our insurance providers, please *secure a copy of your records from the past 3 years* from Oregon DMV (or the state where you reside) for review as part of the hiring process.

To secure a copy of your Motor Vehicle Records from Oregon DMV

Oregon DMV has an office near Kerr Contractor's Woodburn office. It is located at

1550 Industrial Ave.
Woodburn, Oregon



At the Woodburn DMV office you can request a copy of your driving record be sent to you or faxed directly to Kerr Contractors at (971) 216-0079. Once you have it, you will be better prepared to discuss your qualifications for a job that involves driving or operating vehicles and equipment owned by Kerr Contractors.

Thank you!