

**Cutting Contractors, Inc.**  
"Service when you need it"

5230 COMMERCE CIRCLE INDIANAPOLIS, IN 46237

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Apt.no City State Zip

Social Security No. \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Are you at least 18 years of age?  No  Yes How were you referred to ABC? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_  Active  Suspended Date of Suspension \_\_\_\_\_

Have you had any accidents during the past three years?  No  Yes How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  No  Yes How Many? \_\_\_\_\_

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.?  No  Yes

### DESIRED EMPLOYMENT

Position Applying For \_\_\_\_\_ Date Available For Work \_\_\_\_\_

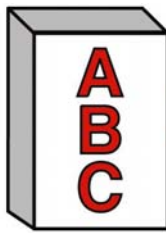
Are you currently employed?  No  Yes If so, may we inquire of your present employer?  No  Yes

Salary Desired \_\_\_\_\_

#### OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM

Please list computer programs that you have experience with: \_\_\_\_\_  
Other Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## EDUCATION

Type of School	Name/Location of School	Years Completed (Circle Years Completed)	Did You Graduate?		Subjects Studied
High School	_____	1 2 3 4	Yes	No	_____
College	_____	1 2 3 4	Yes	No	_____
Trade, Business, Correspondence	_____	1 2 3 4	Yes	No	_____

## MILITARY SERVICE

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

List of service schools attended/relevant job skills learned \_\_\_\_\_

## FORMER EMPLOYERS

### Most Recent or Present Employer

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_)

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### Previous Employer

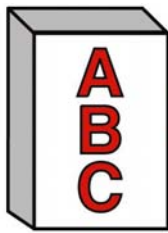
Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_)

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



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**Previous Employer**

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES**

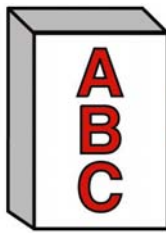
Below, give the names of three persons you are not related to, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	PHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**OTHER**

Are you currently a member of a Labor Union? \_\_\_\_\_ If so, which Local? \_\_\_\_\_  
State? \_\_\_\_\_

List other trade affiliations, training, or additional information if it pertains to desired position: \_\_\_\_\_



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## NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

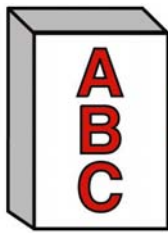
I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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**NOTIFICATION/RELEASE OF INFORMATION FORM**

The purpose of this form is to notify you that employment reports will be conducted on you in the course of consideration for employment with ABC Cutting Contractors, Inc.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Any other name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB\* \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Present Address \_\_\_\_\_ # Yrs. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous cities of residence during past 7 years if different from present address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ # Yrs. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ # Yrs. \_\_\_\_\_

In connection with this request I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to ABC Cutting Contractors, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Please note: Your date of birth is provided solely for purposes of identification.

**ABC CUTTING CONTRACTORS, INC.**  
5230 Commerce Circle Indianapolis, IN 46237

**INVITATION TO SELF IDENTIFICATION**

ABC Cutting Contractors, Inc. is a Federal Contractor, subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (38 USC 4212), and to the requirements of Section 503 of the Rehabilitation Act of 1973, as amended and their implementing regulations. These acts and regulations require that ABC Cutting Contractors, Inc. take Affirmative Action to employ, and to advance in employment, qualified persons with handicaps, Special Disabled Veterans, Veterans of the Vietnam Era, other Protected Veterans or persons in a minority/race group.

If you are a person with a handicap, a Special Disabled Veteran, Veteran of the Vietnam Era, an other Protected Veteran, or are a person in a minority/race group and would like to be considered under the Affirmative Action Program, please tell us. Provision of this information is voluntary. If you do not wish to identify yourself at this time, you will not be subject to any adverse treatment. If you do wish to identify yourself, the information provided will be used only in accordance with the acts and regulations. This means that the information provided will be:

1. Kept confidential, except that:
  - a. Supervisors and managers may be informed of any restrictions on work or duties of persons with handicaps or special Disabled Veterans, and of any necessary accommodations;
  - b. First aid and safety personnel may be informed, when and to the extend appropriate, if a particular handicap or disability may require emergency treatment;
  - c. Government officials investigating compliance with the acts shall be informed.
2. Used only in accordance with the acts and their implementing regulations; and
3. Used to ensure proper placement. In order to assist us in making proper placement, we ask that if you have a handicap or disability which might affect your job performance or create a hazard to yourself or others in connection with the job for which you are applying, you tell us:
  - a. What skills and/or procedures you use or intend to use to perform the job notwithstanding the disability; and
  - b. What accommodations we could make which would enable you to perform the job properly and safely. This might include special equipment, changes in the physical layout of the job, elimination of certain non-essential duties, or other accommodations.

I CERTIFY THAT I HAVE READ THE ABOVE "INVITATION TO SELF IDENTIFICATION" AND THAT I UNDERSTAND THE TERMS. I FURTHER ATTEST, BY CHECKING THE APPROPRIATE LINE AND SIGNING BELOW, THAT I AM:

A person with a handicap  
 Race:  African American  Asian  
  Hispanic  American Indian  
 Gender  Female

A Special Disabled Veteran  
 A Veteran of the Vietnam Era  
 Other Protected Veteran

I choose not to identify myself

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Date

Position applied for: \_\_\_\_\_