



Graber
 Construction, Inc.
 151 N 350 E
 Washington, IN 47501
 812-254-6202

Application
For Employment
 An Equal Opportunity
 Employer

Date _____ Applications will be kept on file for 3 months

Last Name _____ First Name _____

Address _____

Cell / Telephone Number (s) _____ Social Security Number _____

Employment History – Please begin with present or last employer

| | | | | |
|--------------------------|-------|-------|-------|-------|
| Employer _____ | to | _____ | _____ | _____ |
| | Month | Year | Month | Year |
| Duties _____ | | | | |
| Reason For Leaving _____ | | | | |
| | | | | |
| Employer _____ | to | _____ | _____ | _____ |
| | Month | Year | Month | Year |
| Duties _____ | | | | |
| Reason For Leaving _____ | | | | |
| | | | | |
| Employer _____ | to | _____ | _____ | _____ |
| | Month | Year | Month | Year |
| Duties _____ | | | | |
| Reason For Leaving _____ | | | | |
| | | | | |
| Employer _____ | to | _____ | _____ | _____ |
| | Month | Year | Month | Year |
| Duties _____ | | | | |
| Reason For Leaving _____ | | | | |

POSITION APPLYING FOR _____

SPECIFIC SKILLS & EXPERIENCE

REFERENCES – please include telephone or cell phone numbers

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

Do you have a valid drivers License? _____ Regular _____ CDL A _____ CDL B _____ Chauffeur's _____
License # _____

Are you legally eligible for employment in the U.S. A? Yes _____ No _____ Federal Law requires proof of identity

Have you been convicted for a felony? _____ If yes, please explain _____

Is there any reason you might be unable to perform any functions of the job for which you have applied? _____
If "yes" please explain _____

By signing below, I authorize investigation of all statements contained in this application. I attest that all information provided is complete and accurate, and that misrepresentation or omission of facts requested may be cause for dismissal. If considered for employment, I authorize pre-employment DNA drug testing. And, due to the high costs of DNA testing I agree to reimburse Graber Construction, Inc. for all testing fees if I do not remain employed with the Company for a minimum of 30 days.

Signature

Date

OFFICE USE

Date Hired _____ Start Date _____ Wage Rate _____

Hired By _____

DRUG TESTING CONSENT FORM

I am applying for employment with Graber Construction, Inc. and/or Graber Crane Service, LLC. As a condition of my application being considered, I understand and agree to undergo substance screening arranged and paid for by Graber. I understand that if my test results are positive, I shall not be considered further. However, if hired, I agree to reimburse Graber Construction Inc. and/or Graber Crane Services, Inc. for all testing fees if I do not remain employed with the Company for a minimum of 30 days.

Furthermore, if hired, I will be subject to additional substance and alcohol testing under numerous situations including, but not limited to the following: POST ACCIDENT, RANDOM, REASONABLE SUSPICION, AND FOLLOW-UP.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Graber Construction, Inc. and/or Graber Crane Service, LLC. for screening purposes to conduct such screening and to provide the results to Grabers. And, I release Graber Construction, Inc. and/or Graber Crane Service, LLC. and any person(s) affiliated with Graber Construction, Inc. and/or Graber Crane Service, LLC. from liability therefore.

Applicant's Name (Printed)

Date

Applicant's Signature