

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

## Application For Employment

An Equal Opportunity Employer

t Name	First Name				
lress					
l / Telephone Number (s)	Social Security Number				
ployment History – Please begin wit	present or last employer				
Employer	to	to			
Duties	Month Year Month	Year			
Reason For Leaving					
Employer	to				
Duties	Month Year Month	Year			
Employer	to				
Duties	Month Year Month	Year			
Reason For Leaving					
Employer	to March War March	<b>X</b> 7			
Duties	Month Year Month	Year			
Reason For Leaving					
Employer	Mouth Von Mouth	V			
Duties	Month Year Month	Year			

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?	omiler CDI A	CDI P	Chauffaur's
Do you have a valid drivers License? Re			
Are you legally eligible for employment in the U.S.	A? Yes No	Federal Lav	v requires proof of identity
Have you been convicted for a felony? If ye	s, please explain		
Is there any reason you might be unable to perform	any functions of the job	o for which you l	nave applied?
If "yes" please explain			
By signing below, I authorize investigation of information provided is complete and accurate, a cause for dismissal. If considered for employment high costs of DNA testing I agree to reimburse employed with the Company for a minimum of 3	all statements conta and that misrepresent t, I authorize pre-emp Graber Construction	ined in this ap ation or omissic lloyment DNA d	oplication. I attest that all on of facts requested may be lrug testing. And, due to the
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	

## REQUEST FOR CHECK OF DRIVING RECORD

	o release the following information to _ tion as required by Sections 391.23 &	(P	rospective Em	ployer)	
	eased from any and all liability which r				
(Applie	cant's Signature)		(Date)		
508, as amended by the C 104-208). I hereby certify 1. The consumer (app 2. The consumer (app be obtained for emp 3. The information recemployment purpos 4. The information be or regulations: and 5. Before taking an ad receive a copy of the the consumer report I also hereby certify that the "permissible uses" of state Act of 1994 (Public Law 1)	dicant) has authorized in writing the prolicant) has been informed in a separate ployment purposes; quested below will be used for a ""perposes) and will be used for no other purposing obtained will not be used in violati will be used for no other purpose; verse action based in whole or in part of the requested report and the summary of thing agency.  This report request and the above applicant motor vehicle records under the propose of the propose of the propose.	ocurement of written disconnected written disconnected written disconnected written disconnected written disconnected with the report of the report of the report of the report of the release writing of the release ovisions of the release of the r	of this report; closure that a copose" (i.e. interest the consumer ights as providentice meet the	consumer report may consumer report may cormation for equal opportunity law (applicant) will led with the report by the definition of	
Graber Construction, Inc/Gra (Signature of			0	Date)	
TO: GERMAN AMERICA	AN INSURANCE				
DEAR SIR/MADAM:					
The following named p	erson has completed an application wi	th our comp	any for the po	sition of	
undersigned with the applic	tion 391.23, Federal Department of Tra cant's driving record for the past three erson is employed with our company is	years.		please furnish the	
undersigned with the applic	391.25, Federal Department of Transpant's driving record for the past year.  DRIVER:				
ADDRESS:		·			
(Number & s		(City)		7 ( )	
DATE OF BIRTH:		LICENSE #:			
	REQUESTED BY				
	Graber Construction, Inc		a, a 173 - 11, - 22, 100 pinana ani		
<u> </u>	151 N 350 East				
	Washington, IN 47501				