

HANSEN BROS. ENTERPRISES

P.O. BOX 1599 ♦ 11727 La Barr Meadows Road

Grass Valley, CA 95945

Telephone (530) 273-3381 ♦ Fax (530) 272-5401

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

APPLICANTS MAY REQUEST ANY NEEDED ACCOMMODATION

TO PARTICIPATE IN THE APPLICATION/INTERVIEW PROCESS

Name _____ Date _____
Last First Middle

Telephone No. (____) _____ Social Security Number _____ - _____ - _____

Address _____
No. Street City State Zip

Position applied for _____ Date available _____

Have you filed an application with us before? Yes _____ No _____
If yes, when? _____

Have you been previously employed by us? Yes _____ No _____
If yes, when? _____

Are you presently employed? Yes _____ No _____
If yes, may we contact your present employer? Yes _____ No _____

Are you on a lay-off and subject to recall? Yes _____ No _____

Are you applying for: Regular full-time work? Yes _____ No _____
Regular part-time work? Yes _____ No _____

Do you have any family / social obligations which might prevent you from:
Working consistently? Yes _____ No _____
Working overtime? Yes _____ No _____
Working irregular hours? Yes _____ No _____

If yes to any of the above, please explain _____

If employed, can you present evidence of your U.S. citizenship or
proof of your legal right to live and work in this country? Yes _____ No _____

If employed and you are under age 18, can you furnish a work permit? Yes _____ No _____

NOTICE TO APPLICANTS

A drug and alcohol screening test and physical examination are required prior to employment. In addition, if applying as a driver, regardless of class of license, you will be required to release your driving record information as a condition of employment.

Have you ever been convicted of a felony? Note: A conviction will not necessarily disqualify you from employment.

Yes _____ No _____

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case(s) _____

Are you able to perform the **ESSENTIAL FUNCTIONS** of the position with or without an accommodation?

Yes _____ No _____

If an accommodation is required, please describe how you would perform the task(s) and with what accommodation:

Are you able to perform all other functions of the positions for which you are applying?

Yes _____ No _____

If no, please describe the functions that cannot be performed: _____

EDUCATION/SKILLS/TRAINING

List any education, special skills or training you have acquired which you feel make you especially suited to the position for which you are applying: _____

REFERENCES

List below the name, address and telephone numbers of two (2) character references who are not related to you and are not previous employers: _____

IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE COMPLETE THE FOLLOWING:

Type _____ wpm Shorthand _____ wpm 10-Key by Touch _____

Calculator _____ Computer Operation _____

Type of System(s)

List any software programs in which you have experience:

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CONSTRUCTION APPLICANTS

FOREMAN/ESTIMATOR/EQUIPMENT OPERATORS

<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>
_____ Crusher, Gravel Plant	_____ Backhoe	_____ Paver
_____ Dozer	_____ Excavator	_____ Screed
_____ Loader	_____ Skiploader/Tractor	_____ Finish AC Roller
_____ Scraper	_____ Gradesetter	_____ Foreman
_____ Compactor	_____ Grader	_____ Estimator
_____ Other	_____ Other	_____ Other

DRIVERS

<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>
_____ 6 Yard Dump	_____ Truck & Pup	_____ Water Truck
_____ 10 Yard Dump	_____ Transfer	_____ Ready Mix
_____ Semi Bottom Dump	_____ Low Bed	_____ Other
_____ Semi End Dump	_____ Other	_____ Other

LABORERS

<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>	<u># YRS EXPERIENCE</u>
_____ Chainsaw	Pipe Layer Type & Size of Pipe	Other
_____ Flag Person	_____	_____
_____ Jack Hammer	_____	_____
_____ Raker, Asphalt	_____	_____
_____ Wacker	_____	_____
_____ Concrete Finisher	_____	_____

ALL APPLICANTS (EXCEPT CLERICAL) ARE REQUIRED TO COMPLETE THE DRIVERS' LICENSE HISTORY ON THE REVERSE, AS WELL AS SUBMIT A CURRENT DMV REPORT.

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APPLICANT DRIVER'S LICENSE HISTORY

(MUST BE COMPLETED BY ALL APPLICANTS EXCLUDING
CLERICAL/OFFICE POSITIONS)

1. Do you possess a current valid driver's license? Yes _____ No _____
If yes, in what state _____ License No. _____ Expiration Date _____

2. What class of license do you hold? _____

3. Do you have a current medical card? Yes _____ No _____
If yes, expiration date of card _____

4. What special training have you had? _____

5. Has your license ever been revoked? Yes _____ No _____
If yes, for what reason? And when? _____

6. Have you had any moving traffic violations in the past three (3) years? Yes _____ No _____
If yes, please explain _____

7. Have you had any accidents within the past five (5) years? Yes _____ No _____
If yes, please explain _____

8. Have you had any accidents on the job? Yes _____ No _____
If yes, please describe the circumstances _____

IF YOU ARE APPLYING FOR A DRIVERS' POSITION, YOU MUST ALSO COMPLETE THE DRIVERS SECTION OF THE CONSTRUCTION APPLICANT INFORMATION (PREVIOUS PAGE).

AGREEMENT

I agree to submit a current DMV report of my driving record to be considered along with this application. If I am employed by Hansen Bros., upon request at any time throughout my employment, I agree to submit a DMV report or authorize Hansen Bros. to investigate my driving record.

Signature of Applicant

Date

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AGREEMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and , further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without requiring additional authorization or giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and my be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative (**Employment Is At Will**).

_____ This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. An updated application will be required.

SIGNATURE OF APPLICANT

DATE

PLEASE CONTINUE ONTO THE EMPLOYMENT RECORD ON THE REVERSE

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EMPLOYMENT RECORD

Beginning with your most recent employment, list all present and past employers.

Name of Present or Last Employer _____
Name of Company

Telephone _____ Type of Business _____

Address _____
Street and Number City State Zip

Name of Supervisor _____

Starting Date _____ Last Day Worked _____ Final Rate of Pay _____ Hourly Weekly Monthly

Reason for Leaving _____

Describe your work _____

Name of Present or Last Employer _____
Name of Company

Telephone _____ Type of Business _____

Address _____
Street and Number City State Zip

Name of Supervisor _____

Starting Date _____ Last Day Worked _____ Final Rate of Pay _____ Hourly Weekly Monthly

Reason for Leaving _____

Describe your work _____

Name of Present or Last Employer _____
Name of Company

Telephone _____ Type of Business _____

Address _____
Street and Number City State Zip

Name of Supervisor _____

Starting Date _____ Last Day Worked _____ Final Rate of Pay _____ Hourly Weekly Monthly

Reason for Leaving _____

Describe your work _____
