



*The Future is Riding on Ajax.™*

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer and will not unlawfully discriminate against an employee or applicant on the basis of race, sex, color, religion, height, weight, marital status, age, veteran status, the presence of a disability, national origin, sexual orientation, gender identity or any other protected characteristic.*

### PERSONAL INFORMATION

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Are you 18 years or older? Yes  No  Are you legally authorized to work in the United States? Yes  No

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_

Have you filed an application here before? Yes  No  If yes, date(s) \_\_\_\_\_

Do you know anyone currently working here? Yes  No  If yes, who? \_\_\_\_\_

If hired, will you have reliable transportation to work, understanding that your work location may frequently change? Yes  No

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Kind of work desired: Full time  Part time

If part-time, please specify hours and days desired \_\_\_\_\_

Do you have any special training, skills, qualifications, licenses, or other experiences that relate to the position(s) applied for?  
\_\_\_\_\_

Salary desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

### MILITARY SERVICE DATA

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes  No

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Special/technical training \_\_\_\_\_

### ADDITIONAL INFORMATION

**Employers must make reasonable accommodations for qualified individuals with disabilities in the application process and during employment. Under Michigan law only, a disabled individual needing an accommodation must submit a written request within 182 days of the date the individual knows of the need for accommodation. There is no similar requirement under the Americans with Disabilities Act, although failure to notify the Company of the need for accommodation may preclude a claim that the Company failed to provide reasonable accommodation.**

Are you capable of performing the essential functions of the position for which you are applying, with or without a reasonable accommodation?     YES     NO

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_ State \_\_\_\_\_

List professional trade, business or civic activities and offices held, excluding groups whose name or character indicate race, color, religion, sex, national origin, gender identity, sexual orientation, disability, marital or veteran status. \_\_\_\_\_

List a name, address, and telephone number of a person to be notified in the event of accident or emergency. \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Can we contact your current employer? Yes  No

Please list all previous employers (most recent first).

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

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Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
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### EDUCATION

School Level	Name and Location of School	Course of Study	# Years Completed (circle one)	Diploma / Degree
High School			1 2 3 4	
Undergraduate College			1 2 3 4	
Graduate College			1 2 3 4	
Other Education(Specify)			1 2 3 4	

### REFERENCES

List three persons familiar with your character, ability or education for more than one year. Please do not include relatives.

Name		Phone #	
Address		E-mail	
Name		Phone #	
Address		E-mail	
Name		Phone #	
Address		E-mail	

### AUTHORIZATION AND UNDERSTANDING

I certify that all information given in this Application is true and complete. I authorize the Company to investigate my work and personal history and verify all data given on this Application and in interviews. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and the Company from liability for damages in providing or using this information. I understand and acknowledge that any misrepresentation, omission, or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

I also understand that if hired, my employment will be at the will of the Company and can 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 manager, representative, agent or employee of the Company, other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the at-will employment relationship. Any modification of the at-will employment relationship must be by the President of the Company in a writing that specifically acknowledges that it is a modification of the at-will employment relationship and that is signed by the President of the Company. I am aware that any collective bargaining agreement covering my employment may also alter the at-will nature of my employment.

I understand that as a part of the hiring process I may be required to submit to an alcohol and/or drug test, and that throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include but are not limited to tests for drugs and/or alcohol) at the Company's discretion and expense. I authorize all testing laboratories to release test results to the Company, and I agree the Company has the right to use such results in decisions affecting my employment, and I authorize the Company to use the results for such purposes. I understand that if I am made an offer of employment, I must successfully complete a pre-employment physical and alcohol and drug screen or the offer of employment may be revoked.

I acknowledge that during the application process, the Company may inquire as to any criminal convictions I have had. Conviction of a crime is not necessarily a bar to employment. The Company will consider all facts and circumstances surrounding that conviction, including age of the conviction and nature of the offense, before determining if the conviction will affect the status of my application.

I understand and agree that if I become employed by the Company, in consideration for my employment I will not commence any action, including any administrative claim or lawsuit, against the Company, its agents or employees, which in any way relates to my employment and/or termination of my employment, more than one (1) year after the date of the event giving rise to said actions. I acknowledge that the statute of limitations for some claims may be longer **and I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTARY.**

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Date

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Applicant's Signature

FOR INTERVIEWER'S USE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIRED: Yes  Starting Date \_\_\_\_\_ Department \_\_\_\_\_ Job Title \_\_\_\_\_

No  Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED:

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**AJAX PAVING INDUSTRIES, INC.**  
**Voluntary Self-Identification**  
*Confidential: For Statistical Use Only*

Ajax Paving Industries, Inc. is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, and Executive Order 11246, which require certain government contractors to take affirmative action to employ and advance in employment disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans ("Protected Veterans"), women and minorities.

If you are a woman, minority, and/or Protected Veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and/or Executive Order 11246. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP may be informed.

Ajax Paving Industries, Inc. is committed to the goal of equality of opportunity in employment. It shall not discriminate because of status as a woman, minority, or Protected Veteran and shall take affirmative action to employ and advance in employment women, minorities, and Protected Veterans at all levels of employment, including the executive level. Such action shall apply to all employment actions including but not limited to recruitment, hiring, promotion, transfer, demotion, layoff, termination, compensation, and selection for training, at all levels of employment.

Please complete the information requested below. Thank you for your cooperation.

**General Applicant Information:**

**Name:** \_\_\_\_\_

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

**Position Applied for:** \_\_\_\_\_

In each of the three following sections, select all the categories with which you identify:

**Gender:**

- Male     Female

**Race or Ethnic Identify:**

- Hispanic or Latino      A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- White      A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black or African-American      A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander      A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian      A person having 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
- American Indian or Alaskan Native      A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Two of More Races      All persons who identify with more than one of the above five races

The classifications of protected veterans are defined as follows:

A “disabled veteran” is one of the following:

- A veteran of the U.S. Military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs:  
*or*
- A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA

**Veteran Status:**

- I identify as one or more of the classifications of protected veterans listed above.
- I am not a protected veteran.



## 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.<sup>1</sup> 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  
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### 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.

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<sup>i</sup> 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](http://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.