

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



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An Equal Opportunity/Affirmative Action Employer

Office Use Only

SA	PH	PR	Int. Date:
IA	IE	Offer:	
			Site:
Viewpoint resource #:			File:
Status:	Position Code:		DNH/R

Please Print

Last First Middle Initial

Name: Phone No:

Street Address:

City: State: Zip: Application Date:

What position are you applying for?

Yes No Please check either "Yes" or "No" for each question below and write explanations where requested.

- 1. If you are not a citizen, does your visa or immigration status allow you to work in the United States? **Proof of citizenship or satisfactory immigration status will be required upon employment.**
I am a citizen. **All job offers are contingent upon providing legal documentation**
- 2. Have you been employed by Jacobsen before? If "yes", please indicate when and what project you worked on.
- 3. Have you been convicted of a crime, other than a minor traffic offence? Conviction will not necessarily disqualify you from employment. If "yes", please explain.
- 4. Are you employed now? If "yes", by whom?
- 5. If you answered "yes" to #4, may we contact your present employer?
- 6. Are you covered by an employee benefit plan (i.e. pension, profit sharing or health and welfare plan)? If "yes", please list the name of the provider.
- 7. Are you willing to travel or relocate for work?
If "yes", for how long? For 1 to 3 months For 4 to 6 months More than 6 months
- 8. When are you available for work? Full time Part time
Date: Shift work Temporary or Summer only

Acknowledgement Statement

I understand that my employment can be terminated, with or without cause, at any time, at the discretion of either the Company or myself. I understand that no management official other than the president of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. Any modification to this agreement shall be in writing.

I hereby authorize any former employer, person, firm, school, institution, or corporation listed hereon, including this company to answer any and all questions and agree to hold all persons harmless and release them from all liability for giving any and all truthful information within their knowledge or records.

If hired I understand I am subject to drug and alcohol testing under Jacobsen Construction Company's Drug and Alcohol Testing Program.

I hereby state that all of the information provided on this application (and accompanying resumé, if any) is true and accurate to the best of my knowledge. I understand and agree that falsified information or significant omissions may disqualify me for employment. I also understand that failure to report to work with the tools I have indicated that I own may result in immediate termination of my employment.

Jacobsen Construction Company is an Equal Opportunity / Affirmative Action employer. Copies of our Equal Employment Opportunity and Affirmative Action Policies are available for review by request in our main office.

I have read and understand the above information.

Signature Date

Work History - Please list your work history for the past FIVE (5) years.

Start with your present or last job, then list the next to the last job you held, and so on. Explain any gaps in your employment history. Include any job-related, military service assignments. You may exclude information which indicates race, color, sex, religion, national origin, age, disability, veteran or other protected status.

1. Employer:		Your Title:			
Company Street Address		City		State	
Describe the type of work you performed.		Your supervisor's name:			
		Company or Supervisor's Phone No.:			
		Dates Employed		Wage	
		Start Date	End Date	Starting Rate	Final Rate
Reason for leaving:					
2. Employer:		Your Title:			
Company Street Address		City		State	
Describe the type of work you performed.		Your supervisor's name:			
		Company or Supervisor's Phone No.:			
		Dates Employed		Wage	
		Start Date	End Date	Starting Rate	Final Rate
Reason for leaving:					
3. Employer:		Your Title:			
Company Street Address		City		State	
Describe the type of work you performed.		Your supervisor's name:			
		Company or Supervisor's Phone No.:			
		Dates Employed		Wage	
		Start Date	End Date	Starting Rate	Final Rate
Reason for leaving:					
4. Employer:		Your Title:			
Company Street Address		City		State	
Describe the type of work you performed.		Your supervisor's name:			
		Company or Supervisor's Phone No.:			
		Dates Employed		Wage	
		Start Date	End Date	Starting Rate	Final Rate
Reason for leaving:					
5. Employer:		Your Title:			
Company Street Address		City		State	
Describe the type of work you performed.		Your supervisor's name:			
		Company or Supervisor's Phone No.:			
		Dates Employed		Wage	
		Start Date	End Date	Starting Rate	Final Rate
Reason for leaving:					

6 Months (or more) Experience Checklist

ROUGH CARPENTRY

Form Building

- Footings
- Foundation Walls
- Columns
- Stairs
- Slabs on Grade
- Suspended Slabs
- Walls - 20' or Higher

Forming Systems

- Architectural Forms
- Flying Form System
- Gang Forms
- Alumiform System
- EFCO System
- Gates System
- Hand-Set Forms
- Symons Forms

Framing

- Blocking / Backing
- Wood Framing
- Metal Stud Framing
- Wood Nailers

Other

- Log Structures

SHORING

- Site Work - Retaining Walls
- Multi-level Suspended Slabs
- Underpinning
- Scaffold Building

FINISH CARPENTRY

Exterior Finish

- Doors & Windows

Interior Finish

- Cabinetry
- Doors & Hardware
- Sheetrock Hanging
- Sheetrock Taping
- Specialties & Accessories
- Stairs
- Windows
- Wood Trim / Mouldings

LAYOUT

- Interior Layout
- Laser Level Operation
- Print Reading
- Site Layout
- Surveying
- Total Station Operation
- Transit Use
- Theodolite Use

CONCRETE FINISHING

- Curb and Gutter
- Large Commercial Flatwork
- Residential/Small Commercial
- Riding Trowel/Walk Behind
- Site Concrete (sidewalks)
- Slabs (SOGs, SOMDs)
- Stairs

EQUIPMENT OPERATION

- Backhoes, Dozers, Excavators
- Cranes
- Rigging
- Equipment Maintenance
- Forklift
- Current CDL (circle one)

Class: A B C

OTHER EXPERIENCE

- Rebar Tying
- Certified Flagging experience
Cert. Expires _____
- Certified Welding
Type(s) _____
Cert. Expires _____
- Non-certified Welding
Type(s) _____

Tool List – Please check all tools you currently own.

Note: You will be expected to bring these tools to the job site on your first day of work.

- | | | |
|--|---|--|
| <input type="checkbox"/> Tool box | <input type="checkbox"/> Screwdriver - complete set | <input type="checkbox"/> Hack saw |
| <input type="checkbox"/> Tool belt or overalls | <input type="checkbox"/> Scribe | <input type="checkbox"/> Combination rasp |
| <input type="checkbox"/> 20'-25' tape measure | <input type="checkbox"/> Plumb bob | <input type="checkbox"/> Block plane |
| <input type="checkbox"/> 100' tape measure | <input type="checkbox"/> Level - 24" | <input type="checkbox"/> 8 point hand saw |
| <input type="checkbox"/> T-bevel (trim tool) | <input type="checkbox"/> Level - 30" | <input type="checkbox"/> 10 point hand saw |
| <input type="checkbox"/> Combination or speed square | <input type="checkbox"/> Pry bar | <input type="checkbox"/> Bucket - 5 Gallon |
| <input type="checkbox"/> Utility knife | <input type="checkbox"/> Cats paw | <input type="checkbox"/> Magnesium floats |
| <input type="checkbox"/> Chalk box | <input type="checkbox"/> Wood chisel - 1/4" | <input type="checkbox"/> Finish trowels |
| <input type="checkbox"/> 10" adjustable wrench | <input type="checkbox"/> Wood chisel - 1/2" | <input type="checkbox"/> Edger |
| <input type="checkbox"/> 12" adjustable wrench | <input type="checkbox"/> Set flat bits 1/4" to 1" | <input type="checkbox"/> Chipping hammer |
| <input type="checkbox"/> Side cut pliers | <input type="checkbox"/> Cold chisel | <input type="checkbox"/> Rubber float |
| <input type="checkbox"/> Framing hammer | <input type="checkbox"/> Finish hammer | <input type="checkbox"/> Framing Square |

Construction Industry Experience

1. How long have you worked in the construction industry? _____ Years _____ Months
2. How long have you worked in either commercial or industrial construction? _____ Years _____ Months
3. How long have you worked in residential building? _____ Years _____ Months
4. Did you complete an apprenticeship? Yes No In what trade? _____

Supervisory Experience

Company Name	Your Supervisor	Dates (From/To)	Your Crew Size

Educational Background - List the schools you have attended, starting with high school. Please note if you have earned a GED.

School Name	Location	Did you graduate?	Related coursework
High School			
College or University			
Trade or Tech. School			

Special Training - Please list any special training you have had, including courses, seminars, licenses, and certifications.

References - List three previous supervisors who are familiar with your work abilities.

Name	Company	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List any current Jacobsen employees who know you.

1. _____ 2. _____

Referral Source

How did you learn about Jacobsen Construction Company? Please check all boxes which apply.

- I saw your advertisement in the newspaper. Name of the paper: _____
 - I heard your advertisement on the radio. Name of station: _____
 - I was referred by Dept. of Workforce Services (Job Service).
 - I worked for a subcontractor on one of Jacobsen's projects. Provide name of Subcontractor: _____
 - I noticed a Jacobsen trailer at a job site.
 - A friend, relative or acquaintance referred me. Please list name: _____
- Does the person named above work for Jacobsen? (circle one) YES NO
- Other - (explain): _____

For Office Use Only

Notes: _____



CONFIDENTIAL
Pre-employment EEO Data Form

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status or disability.

Government agencies require periodic reports on the sex and ethnicity of applicants. This data is collected solely for the purpose of evaluating the Company's affirmative action efforts. We request that you fill out this information sheet to help us comply with government record keeping and reporting requirements.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential except to government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act.

This data will not be available to personnel making hiring decisions and will be kept in a CONFIDENTIAL file, separate from your application for employment.

Name: _____

SS#: _____

Date: _____

Position applied for:

- Carpenter
- Laborer
- Operator
- Other (please indicate on line below)

Please check the boxes that apply:

- Female
- Male

Race or Ethnic Group:

- Hispanic or Latino
- White (Not of Hispanic Origin)
- Black or African American (Not of Hispanic Origin)
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or more races