

APPLICATION FOR EMPLOYMENT

This Company is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, religion, creed, national origin, ancestry, or handicap.

	Date of App	olication:			
Name:		SSN:			
No	State:				
Cell:Email:					
Street	City	State	Zip		
Street	City	State	Zip		
Street	City	State	Zip		
Street	City	State	Zip		
18 years old?	YES	NO			
ved and you are under 18, can you furnish a work po	ermit? YES	NO _			
oplied or been employed by our Company before?	YES	NO			
ease provide dates:					
ed now?	YES	NO			
y we contact your employer?	YES	NO			
Name & Number:					
y not inquire of your present employer, please expla	ain why:				
	NoCell:Email: Street	SSN:	No.		

Are you on lay off and subject to recall?	YES	_ NO
If employed, does your employment require you to continue working for	YES	_ NO
your current employer for any specified period of time?	Until what date? _	

NOTICE: You will be required to present proof of citizenship or immigration status upon employment as required by Federal Law.

NOTICE: If you have any physical or mental impairment or condition that would limit your job performance in the position for which you are applying, and if the Company extends a job offer to you, please inform the Company only *after* such offer has been made to you of such an impairment or condition. Further, inform the Company only *after* such offer has been made to you of any accommodation that you require for such impairment or condition.

For	what	position	are	vou	appl	ving?	
1 01	minut	position	ui c	, 0 u	uppi	J 1115 ·	-

REFERENCES: Provide the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS	PHONE	OCCUPATION/ RELATIONSHIP	YEARS ACQUAINTED

List any skills you have that might qualify you for the position for which you are applying:	For example, type
of equipment you operate, laid pipe, etc	

Have you been convicted of a crime, other than a minor t	traffic violation,	
within the last 5 years.	YES	NO
If yes, describe:		

Date you can start _____

Hourly Rate Desired _____

EMPLOYMENT HISTORY: List below your last four employers, beginning with current or most recent.

DATE Month & Year	COMPANY Name & Address	SALARY	POSITION	REASON FOR LEAVING
From:				
То:				
From:				
То:				
From:				
То:				
From:				
То:				

EDUCATION:

SCHOOL	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
Trade, Business, or Technical School				
College				
Other Special Work Study or Research Work				

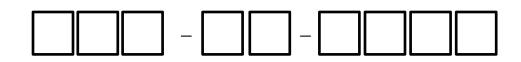
Referral Source:

Advertisement	Friend	Employment Agency
Walk-in	Relative	Website
Other:		

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information supplied below is <u>strictly voluntary</u> and will in no way affect the processing of your employment status with this company. This information sheet will <u>only</u> be used for statistical purposes. Thank you for your cooperation.

SOCIAL SECURITY NUMBER



SEX

- □ Male
- □ Female

RACE

- □ Non-Minority/White
- □ African American/Black
- □ Hispanic/Latino
- □ Native American or Alaskan Native
- □ Asian/Pacific Islander
- Other/Specify _____

Disability

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

- □ Yes
- □ No

Veteran Status

Are you a Veteran?

- □ Yes
 - ____ Disabled Veteran
 - ____ Vietnam Era Veteran
 - ____ Desert Storm/Shield
- □ No

TAM Construction, Inc. is an equal opportunity employer

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read This Statement Carefully

I understand and agree that, if I am employed by this Company, my employment is for no definite period of time and can be terminated, with or without cause or notice at any time, at the option of either the Company or myself. I understand that no representative of this Company, other than an officer, has any authority to enter into any agreement for any employment for any specified period of time or to make any agreement with me contrary to the foregoing, except that the President of the Company may do so in writing.

I authorize investigation of all information I have disclosed herein so the Company may be provided with relevant information about my background. I understand this investigation may include personal interviews with third parties, such as family members, business associations, financial sources, friends, neighbors, or others with whom I am acquainted. I release all parties from any liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I authorize investigation of my credit and employment history as required by the Company as a condition of my being hired, or, if I am hired as a condition of my continued employment. I release all persons or companies conducting any lawful investigation from any liability.

I further agree to take any lawful medical or honesty examination required by the Company as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I understand that the Company will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I further understand that an employee who tests positive or refuses to consent to pre-employment drug and alcohol testing is subject to discharge.

I release all persons or companies conducting any lawful medical or honesty examination from any liability.

I also agree to take any lawful lie detector examination and I release all persons or companies conducting such examination from any liability.

I certify that the facts contained in the Application are true and complete to the best of my knowledge and understand that, if I am employed, any statements I have falsified on this application shall be ground for dismissal. I also understand that I am required to abide by all rules and regulations of the Company.

PRINTED NAME

SIGNATURE

The undersigned hereby authorizes <u>TAM Construction, Inc.</u> or its insurance agency, Kernan Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use. I also acknowledge that <u>TAM Construction, Inc.</u> has provided me with a summary of my rights under the Fair Credit Reporting Act.

Date:	Signed:
	Printed Name:
	Driver's License #:
	State of Issuance:
	Date of Birth:
	Social Security #:

Para informacion en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

FCRA – Summary of Rights

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and a phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <u>www.ftc.gov/credit</u> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information.
 In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-50PT OUT).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit <u>www.ftc.gov/credit</u>..

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, you may be informed of such adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051