

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer Minority/Female/Disability/Veteran

CRS Tunnelling, Inc. Super Excavators, Inc. Super Western, Inc. SX Foundations, Inc. SX Blasting, Inc.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Testing for the presence of drugs in your body may be required prior to employment.

Application Instructions:

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form or another employee representative and every effort will be made to accommodate your needs in a reasonable amount of time.

Do not provide unrequested information on this application.

You may be given an affirmative action questionnaire. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Name: _____

Date: _____

Which company are you applying to?

Please check (✓)

Super Excavators _____ SX Blasting _____

Super Western _____ SX Foundations _____

CRS Tunnelling _____

Position Applying for: _____

Address: _____

Phone: _____

Email address: _____

Are you of legal age to work? Yes _____ No _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Referral Source: Friend _____ Relative _____ Walk-in _____ Union hall _____ Employment Ad _____ Other _____

Have you ever filed an application here before? Yes _____ No _____ If yes, date: _____

Have you ever been employed here before? Yes _____ No _____ If yes, date: _____

Are you currently a member of any union? Yes _____ No _____ If yes, local number: _____

If not, are you willing to join the required union if you are offered employment? Yes _____ No _____

If the position requires, do you have a valid drivers' license? Yes _____ No _____

Do not complete this section if you believe it is non-job related.

Super Excavators/Super Western/SX Foundations/SX Blasting
N59 W14601 Bobolink Ave., Menomonee Falls, WI 53051
CRS Tunnelling, Inc., 1151 S. Service Rd. W. Unit 3, Oakville, ON

PH: 262. 252. 3200 FAX: 262. 252. 3406
PH: 905. 469. 1200 FAX: 905. 469. 1400

Education

School Name	City/State	Course of Study (if applicable)	Did you graduate? (Y/N)

Employment

Most Recent Employer:	Dates worked:
Address:	Position(s) held:
Supervisor:	Duties:
Phone number:	Salary:
Second Most Recent Employer:	Dates worked:
Address:	Position(s) held:
Supervisor:	Duties:
Phone number:	Salary:
Third Most Recent Employer:	Dates worked:
Address:	Position(s) held:
Supervisor:	Duties:
Phone number:	Salary:

References (Do not include relatives.)

Name	Company	Phone No.	Relationship	Years Known

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Special Skills

Laborers:

Please circle positions in which you are skilled.

Topman

Bottomman

Pipelayer

Foreman

Operators:

List equipment that you are skilled in operating: (Include size, weight, horsepower, crane certification, etc.)

Truck Drivers:

List types of trucks that you are skilled in operating: (Tandem, tri axle, quad axle, semi, etc.)

CERTIFICATION AND RELEASE

I certify that I have read and understood the entirety of this employment application.

I agree and understand that the employer or its agents may investigate my background to ascertain any and all information of concern relating to my employment history, whether same is of record or not.

I release the employers and other persons named herein from all liability for any damages on account of furnishing such information.

I also understand that if offered a job, it may be conditioned on the results of a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature

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Date

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PH: 905. 469. 1200 FAX: 905. 469. 1400

Name: _____
Please Print

AFFIRMATIVE ACTION VOLUNTARY IDENTIFICATION

This Company is a government contractor. A requirement for Federal or Federally Assisted Construction Contracts is to report the number of handicapped, veteran, male/female, and minority/non-minority employees and applicants we have.

SUBMISSION OF THE INFORMATION REQUESTED BELOW IS **STRICTLY VOLUNTARY.**

Referral Source(s):

- Advertisement
 Employee
 Relative
 Walk-in
 Other
 Government Employment Agency
 Private Employment Agency

Name of referral source (if applicable) _____

What is your race/ethnic origin?

- White
 Black or African American
 Hispanic or Latino
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 Two or More Races

What is your Gender?

- Female
 Male

Are you disabled/handicapped?

- Yes
 No

Please check all categories that apply to you:

Special Disabled Veteran

- A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability.
 - Rated at 30% or more; or
 - Rated at 10% to 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; or
- A person who was discharged or released from active duty because of a service connected disability.

Veteran of the Vietnam-Era -- A person who served more than 180 days of active military service, any of which was during the period 8-5-1964 through 5-7-1975, and was discharged or released with an honorable discharge or was discharged or released because of a service-connected disability.

Other Veterans -- A person who served on active duty during a war; or a person who served in a campaign or expedition for which a campaign badge, a service medal or an expeditionary medal has been awarded.

Newly Separated Veteran -- A person who served on active during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Discharge Date: _____ **(To be completed by all veterans).**

This information will be used only for Affirmative Action reporting purposes and will not become part of your employment file or application, nor will it be used as a basis for any personnel action.

Submission of this information is confidential, and is solicited on a strictly voluntary basis. Your decision to provide the information will not result in any adverse treatment.

I decline to provide this information

This company is an Equal Opportunity / Affirmative Action Employer and does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Date: _____ **Signature:** _____

"An Equal Opportunity Employer"