

HC Contractors, Inc.

PO Box 80688
 Fairbanks, Alaska 99708
 Phone: (907) 488-5983
 Fax: (907) 488-9830

HC Redi-Mix

PO Box 80688
 Fairbanks, Alaska 99708
 Phone: (907) 488-2388 or (907) 488-5982
 Fax: (907) 488-9830

APPLICATION FOR EMPLOYMENT

Personal Information

Date Social Security Number

Name

Last

First

Middle

Present Address

Street

City

State

Zip Code

Permanent Address

Street

City

State

Zip Code

Phone Number ()

If related to anyone in our employ

State name and department

Referred By:

Employment Desired

Position	Date You can Start	Salary Desired
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Are You Employed Now? If so may we inquire
of your present employer?

Ever applied to this company before? Where? When?

Education

Name and Location of School	Graduated?	Major Subjects	Average Grade
Grammer School	Yes _____ No _____		
High School	Yes _____ No _____		
College	Yes _____ No _____		
Trade Business or Correspondence School	Yes _____ No _____		

Subjects of Special Study or Research Work

Activities: Civic, Athletic, Etc.

(Exclude organizations, The name or character of which indicates the Race, Creed, Sex, Marital Status, Age, Color, or National Origin of its Members)

Continued on next page

Former Employers (List below last four employers, beginning with present or most recent)

Date (Month and Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Years Acquainted

In Case of Emergency Notify

Name		
Address		Phone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date	Signature
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Do not write below this line

Interviewed by:	Date
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Remarks:

Neatness

Ability

Hired	For Dept.	Position	Will Report	Salary/Wages
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Approved: 1	2	3
Employment Manager	Department Head	General Manager

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____



Equal Employment Opportunity/Vet. 100 Questionnaire

This form will only be used for EEO-1 and Vet. 100 reporting purposes and will be kept separate from all personnel records. Completion of this data will not affect the terms or conditions of your employment.

Name: _____

Date: _____

Job Title: _____

<u>Race/Ethnicity</u>	<u>Gender</u>	<u>Veteran's Status</u>
Please check one of the descriptions below corresponding to the ethnic group with which you identify.	Please check one of the options below.	Are you a Veteran? ____ Yes ____ No If you answered yes, please complete the section below.
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Armed Forces service medal veteran <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Recently seperated veteran (within 3 years from discharge or release from active duty) <input type="checkbox"/> Vietnam era veteran <input type="checkbox"/> Other protected veteran

HC Contractors/HC Redi-Mix are Equal Opportunity Employers