

**Cutting Contractors, Inc.**  
"Service when you need it"

5230 COMMERCE CIRCLE INDIANAPOLIS, IN 46237

## APPLICATION FOR EMPLOYMENT

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

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Apt.no City State Zip

Social Security No. \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Are you at least 18 years of age?  No  Yes How were you referred to ABC? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_  Active  Suspended Date of Suspension \_\_\_\_\_

Have you had any accidents during the past three years?  No  Yes How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  No  Yes How Many? \_\_\_\_\_

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.?  No  Yes

### DESIRED EMPLOYMENT

Position Applying For \_\_\_\_\_ Date Available For Work \_\_\_\_\_

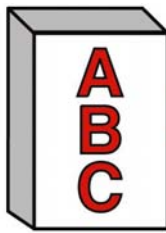
Are you currently employed?  No  Yes If so, may we inquire of your present employer?  No  Yes

Salary Desired \_\_\_\_\_

#### OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM

Please list computer programs that you have experience with: \_\_\_\_\_  
Other Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**EDUCATION**

| Type of School                     | Name/Location of School | Years Completed<br>(Circle Years Completed) | Did You Graduate? |    | Subjects Studied |
|------------------------------------|-------------------------|---|-------------------|----|------------------|
| High School                        | _____                   | 1 2 3 4                                     | Yes               | No | _____            |
| College                            | _____                   | 1 2 3 4                                     | Yes               | No | _____            |
| Trade, Business,<br>Correspondence | _____                   | 1 2 3 4                                     | Yes               | No | _____            |

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

List of service schools attended/relevant job skills learned \_\_\_\_\_

**FORMER EMPLOYERS**

**Most Recent or Present Employer**

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

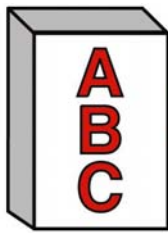
Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



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**Previous Employer**

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer**

Name of Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Job Title and Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES**

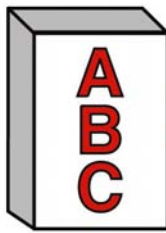
Below, give the names of three persons you are not related to, whom you have known at least one year.

|    | NAME  | ADDRESS | BUSINESS | PHONE NO. |
|----|-------|---------|----------|-----------|
| 1. | _____ | _____   | _____    | _____     |
| 2. | _____ | _____   | _____    | _____     |
| 3. | _____ | _____   | _____    | _____     |

**OTHER**

Are you currently a member of a Labor Union? \_\_\_\_\_ If so, which Local? \_\_\_\_\_  
State? \_\_\_\_\_

List other trade affiliations, training, or additional information if it pertains to desired position: \_\_\_\_\_



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## NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

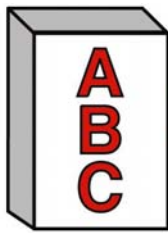
I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may 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 representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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**NOTIFICATION/RELEASE OF INFORMATION FORM**

The purpose of this form is to notify you that employment reports will be conducted on you in the course of consideration for employment with ABC Cutting Contractors, Inc.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Any other name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB\* \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Present Address \_\_\_\_\_ # Yrs. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous cities of residence during past 7 years if different from present address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ # Yrs. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ # Yrs. \_\_\_\_\_

In connection with this request I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to ABC Cutting Contractors, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Please note: Your date of birth is provided solely for purposes of identification.