

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Please type or print and answer all questions.

APPLICATIONS ARE CONSIDERED CURRENT FOR 30 DAY (after 30 days it is necessary to complete a new application)

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

NAME				DATE	
	LAST	FIRST	MIDDLE		
ADDRESS					
	STREET		CITY	STATE	ZIP CODE
PHONE NUMBER	Home Phone # Mobile Phone #		E-MAIL		
Are you eligible to work in the US? Yes No Are you at least 18 years or older? Yes No					
EMPLOYMENT DESIRED					
POSITION APPLYING F	OR		DATE A	VAILABLE	_
Have you ever applied to Riley Construction previously? 🗌 Yes 🔲 No					
Have you ever worked for Riley Construction? Yes No If yes, please give dates, position, and projects worked					
on if known					

EDUCATION AND TRAINING

Education	Name & Location	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade or Business School				

Describe any other training you would consider relevant to the position for which you are applying _____

List any other ski	ills you have or	equipment you	can operate
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WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? Yes No If so, ma	y we contact your current e	employer? 🗌 Yes 🗌 No
May we contact your previous employers? Yes N	lo If no, please explain	
EMPLOYER	STREET ADDRESS	
YOUR TITLE	CITY, STATE, ZIP	
YOUR DUTIES	PHONE	NAME OF SUPERVISOR
	TOTAL TIME EMPLOYED	
	FROM (Month-Year)	TO (Month-Year)
	LAST RATE OF PAY	REASON FOR LEAVING
EMPLOYER	STREET ADDRESS	
YOUR TITLE	CITY, STATE, ZIP	
YOUR DUTIES	PHONE	NAME OF SUPERVISOR
	TOTAL TIME EMPLOYED	
	FROM (Month-Year)	TO (Month-Year)
	LAST RATE OF PAY	REASON FOR LEAVING
EMPLOYER	STREET ADDRESS	
YOUR TITLE	CITY, STATE, ZIP	
YOUR DUTIES	PHONE	NAME OF SUPERVISOR
	TOTAL TIME EMPLOYED	
	FROM (Month-Year)	TO (Month-Year)
	LAST RATE OF PAY	REASON FOR LEAVING

REFERRAL SOURCE

How did you hear about us?

Walk-in Advertisement Union Hall

Employee Referral, if so, employee name please ____

REFERENCES

(People you are not related to)

Name	Phone and/or email	Business	Years Acquainted

If the job requires the use of a motor vehicle, do you have a valid driver's license?	Yes	No	
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If the job requires the use of a commercial driver's license, do you have a valid commercial driver's license? 🗌 Yes 🔲 No

AUTHORIZATION, RELEASE, NOTICE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading information provided by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, dismissal at any time without liability to the employer.

I hereby give permission to the employer to seek to verify and supplement the information provided in the application. I authorize Riley Construction Company, Inc., to request and receive information concerning me including but not limited to credit reports and/or work records from any persons, schools, companies, corporations, partnerships, associations, credit bureaus, law enforcement agencies, licensing agencies, and from any of my previous employers.

I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all parties providing information.

I understand that no representative of this employer has the authority to enter into any agreement for employment for any specified period of time, and this employer is not guaranteeing employment for anyone.

I understand that this application will be considered inactive after thirty (30) days.

I understand that Riley Construction Company, Inc., requires a drug test of all conditional hires, unless otherwise specifically prohibited by a collective bargaining agreement, except that testing shall be done for all persons conditionally hired for a project where required by contract, customer, or client's drug testing requirements. I understand that if I choose not to be tested, I will no longer be considered for employment with Riley Construction Company, Inc.

I certify that I have read (or have had read to me) and understand this authorization, release, and certification.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for [Company Name] to hire me. If I am hired, I understand that either [Company Name] or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of [Company Name] has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to [Company Name] true and complete information on this application. No requested information has been concealed. I authorize [Company Name] to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICANT SIGNATURE (for email applications just type your name)

DATE



RILEY CONSTRUCTION COMPANY, INC.

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

If you choose not to self-identify at this time, the federal government requires Riley Construction Company, Inc., to determine this information by visual survey and/or other available information.

GE	NDER		
	Male Female Nonbinary I do not wish to disclose		
RA	CE/ETHNICITY		
	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.		
	White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
	Black or African American: A person having origins in any of the black racial groups of Africa.		
	Native Hawaiian or Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
	Native American or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.		
	Two or more races: All persons who identify with more than one of the above five races.		
	I do not wish to disclose.		

Riley Construction Company, Inc., is an equal employment opportunity and affirmative action employer and does not discriminate on the basis of race, color, religion, sex, gender, age, national origin, disability, marital status, veterans' status, sexual orientation, genetic information or any other protect characteristic under applicable local, state, and/or federal fair employment laws or regulations.