



BETTIS CONTRACTORS

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". DO NOT LEAVE QUESTIONS BLANK. Be sure to sign when completed. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may apply for more than one position, but a separate application must be completed for each position in which you wish to apply.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.

FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT.

PERSONAL DATA

Last Name:		First Name:		Middle Initial:	
Social Security Number:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:		Cell/Alternate Phone:		Email Address:	
Current Street Address:			City:	State:	Zip Code:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		State:	License Number:
Expiration Date:					

APPLICATION / EMPLOYMENT STATUS

Date of application:		List any prior dates of employment and positions with Bettis Contractors;			
List position and/or type of work for which you are applying:		If referred to this company for employment, who provided the recommendation?			
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		Desired wage:		Date available to work:	Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		Yes	No		
COLLEGE		Yes	No		
GRADUATE		Yes	No		
TECHNICAL, TRADE, or OTHER		Yes	No		

EMPLOYMENT HISTORY
PLEASE LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS
ATTACH ADDITIONAL PAGES, IF NECESSARY.
PLEASE LIST YOUR CURRENT OR MOST RECENT EMPLOYER HERE.

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:		City:	State: Zip:
Starting Job Title	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summerize the nature of the work performed and your responsibilities:				
Reason for leaving:				
May we contact this employer for a reference? Yes No Later, not at this time.(please explain below)				
Comments:				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK 'N/A')
PLEASE LIST YOU SECOND MOST RECENT EMPLOYER HERE.

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:		City:	State: Zip:
Starting Job Title	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summerize the nature of the work performed and your responsibilities:				
Reason for leaving:				
May we contact this employer for a reference? Yes No Later, not at this time.(please explain below)				
Comments:				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK 'N/A')
PLEASE LIST YOU THIRD MOST RECENT EMPLOYER HERE.

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:		City:	State: Zip:
Starting Job Title	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summerize the nature of the work performed and your responsibilities:				
Reason for leaving:				
May we contact this employer for a reference? Yes No Later, not at this time.(please explain below)				
Comments:				

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:
Immediate Supervisor:	Address:		City: State: Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:	
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:
Immediate Supervisor:	Address:		City: State: Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:	
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:
Immediate Supervisor:	Address:		City: State: Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:	
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:
Immediate Supervisor:	Address:		City: State: Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:	
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERIODS OF UNEMPLOYMENT

Please use this space to provide dates and details of any periods of unemployment (include ALL gaps in employment):

MILITARY SERVICE RECORD

Have you ever been in the military? If yes, list branch:	Yes	No	Date and type of discharge (OPTIONAL):
Dates of service:	From:	To:	Training and special skills:

CRIMINAL RECORD

Note: A criminal record or conviction may not disqualify you from consideration for employment. However, you will not be considered if you fail to truthfully complete this section.

Have you ever been convicted of a crime?	If so please list date and nature of offence(s):		
Name and location of court:	Disposition of case:		
Name of probation/parole officer:	Phone Number:	Are there any felony or misdemeanor charges pending against you? If yes, please explain:	
	May we contact them?		

PERSONAL REFERENCE DATA

Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:

The following functions may be essential requirements of this position. Please rate your ability to perform the following functions / tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):

Analyze critical situations and make prompt and effective decisions.		Work in adverse conditions (i.e. dust, rain, heat, & cold)	
Work under pressure on a project or time-sensitive task, includes setting priorities when multi-tasking.		Work under pressure on a project or time-sensitive task, includes setting priorities when multi-tasking.	
Work overtime, if necessary.		Work under pressure on a project or time-sensitive task, includes setting priorities when multi-tasking.	
Willingness to perform duties not generally associated with the position.		Work under pressure on a project or time-sensitive task, includes setting priorities when multi-tasking.	

SKILLS AND QUALIFICATIONS

List licenses/degrees you currently hold: (ATTACH AND SUBMIT WITH THIS FORM, IF PRACTICAL)	Date obtained:

EQUIPMENT EXPERIENCE

Type of Equipment Operated	Years of Experience

ABOUT THE HIRING PROCESS:

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. Bettis Contractors, Inc. (hereinafter referred to as "Company") will be screening applications for completeness, honesty, and accuracy. THIS SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED ISSUES), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS. Attached to this application is a copy of the federal Fair Credit Reporting Act, as it pertains to application screening and background checks.

PLEASE READ THE FOLLOWING STATEMENT & SIGN/ACKNOWLEDGE:

I HEREBY AUTHORIZE BETTIS CONTRACTORS, INC. TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION.

I UNDERSTAND THAT IT IS THE POLICY OF THE COMPANY THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE COMPANY FOR A PERIOD OF ONE (1) YEAR.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company officer or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual preference, religion, age, or disability in employment or the provision of services.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by the Company, or **discharge from employment if already hired.**

My signature acknowledges that I have read and agree to the above statements and affirmations.

Applicant's Signature

Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____



BETTIS CONTRACTORS

BACKGROUND INFORMATION FORM

Fill out this form completely. PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. Be sure to sign when completed.

PERSONAL INFORMATION				
Last Name:	First Name:	Middle Initial:		
Former Last Name #1 (alias, maiden, etc.)		Former Last Name #2		
Current Street Address:		City:	State:	Zip Code:
How long have you lived at the above address?	Social Security Number:		Date of Birth:	

PLEASE LIST THE TWO ADDRESSES MOST PRIOR TO YOUR CURRENT ADDRESS AND HOW LONG YOU HAVE LIVED AT EACH.

Prior Address:	City:	State:	Zip:	Length of time:
Prior Address:	City:	State:	Zip:	Length of time:

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby authorize Bettis Contractors, Inc. and its designated agents and representatives to conduct a comprehensive review of my background, to be used in evaluation of my application for employment. I understand that the scope of the review may include, but is not limited to, the following areas:

VERIFICATION OF SOCIAL SECURITY NUMBER	HISTORY OF CRIMINAL CONVICTIONS
MOTOR VEHICLE RECORDS AND REGISTRATION	EMPLOYMENT HISTORY
OTHER: (IF REQUIRED FOR JOB)	INITIALS:

I hereby release Bettis Contractors, Inc. and its agents, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization.

A SUMMARY OF MY RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS IT PERTAINS TO BACKGROUND SCREENING, IS ATTACHED TO THIS APPLICATION PACKET.

Signature _____ Date _____

This copy of the federal *Fair Credit Reporting Act* has been provided in order to inform you of your rights regarding applicant screening and utilization of consumer information. Bettis Contractors, Inc. does not typically obtain personal credit information when conducting a background screen. If Bettis Contractors, Inc. deems it necessary to obtain personal credit information for any reason whatsoever (ie. security-sensitive job duties), your prior authorization will be attained.

THE FAIR CREDIT REPORTING ACT

Public Law 91-508 effective April 25, 1971 with Amendments
(15 U.S.C. § 1681 *et seq.*)

§ 604. Permissible purposes of reports

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

"(B) Intends to use the information for employment purposes; or

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

§ 606. Disclosure of investigative consumer reports

"(a) A person may not procure or cause to be prepared an investigative consumer report on any consumer unless-

"(1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in a writing mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his right to request the additional disclosures provided for under subsection (b) of this section; or

"(2) The report is to be used for employment purposes for which the consumer has not specifically applied.

"(b) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This Disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

"(c) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

* For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <http://www.ftc.gov/os/statutes/fcra.htm>

I acknowledge being advised of my rights pursuant to the FCRA.

Applicant's Initials

Date

EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER

To: _____
(Former Employer Name, City, State) (Date, Time)

Dear Personnel Manager:

The individual listed below has applied to this company for employment. The applicant has advised that your firm is a past employer. As you will note from the waiver below, **the applicant has released your company from all legal liability.** You may reply by facsimile to the fax number listed below. Thank you for taking the time to assist us in this process. We will gladly return the favor if the opportunity presents itself.

From:
Phone:
Fax:

Name of applicant: _____ SSN: _____

Job applying for: _____ Did the applicant work for you as a _____

YES NO If NO, what was the applicant's job title/position? _____

Hire date: ____/____/____ Termination date: ____/____/____ Quit Fired Laid Off

Would you re-employ this person? YES NO If NO, please explain: _____

Was the employee punctual? YES NO Did the employee get along well with others? YES NO

Was disciplinary action ever taken against employee? YES NO If YES, Please explain: _____

Did the person ever test positive for drugs or alcohol? YES NO We do not test

Did the person ever have an accident on the job? YES NO

If Yes, please explain: _____

Additional Comments: _____

You Name/Title: _____ / _____ Date: _____
(Person providing the above information)

Company: _____

I, the undersigned, hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under directions of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the above information.

(Applicant's Signature, Date)

(Witness Signature, Date)



BETTIS CONTRACTORS

EQUAL OPPORTUNITY EMPLOYMENT FORM

THIS FORM IS OPTIONAL and may be voluntarily completed when your employment application is filled out. The information requested on this form is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application once it is completed.

PERSONAL INFORMATION				
Last Name:		First Name:		Middle Initial:
Current Street Address:			City:	State: Zip Code:
Sex (Circle one): Male Female		Social Security Number:		Date of Birth:

Ethnic Origin (please circle your selection):

White/Caucasian Black/African-American Hispanic Asian/Pacific Islander
Native American Mixed or Other: _____

Job Category (please circle your selection):

Driver Laborer Mechanic Office Other: _____

Special Status* (please circle all that apply):

Veteran Spouse of a Veteran Orphan of a Veteran Disabled Veteran
Vietnam-Era Veteran Other Protected Veteran Newly Separated Veteran

*As defined by the US Department of Labor, 41 CFR 61 25 0, and/or Section 38 U.S.C. 31 06

How did you find out about the job opening for which you have applied? _____

Signature _____

Date _____

Office use only	OC Job Category:
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