

COMMERCIAL CONTRACTORS EQUIPMENT, INC.

701 N.W. 27th Street
P.O. Box 81036
Lincoln, Nebraska 68501

APPLICATION FOR EMPLOYMENT

(Please Print)

Full Name _____

Present Address _____

Street or Box

City

State

Zip

Permanent Address _____

Street or Box

City

State

Zip

Phone Number (_____) _____

Social Security No. _____ Driver's License No. _____

If necessary, best time to call you at home is: _____

Are you presently employed? Yes ___ No ___ Can we contact you at work? Yes ___ No ___

If yes, work number (_____) _____ Best time to call _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

Yes ___ No ___

(Proof of U.S. citizenship or immigration status will be required.)

Have you ever been employed here before? Yes ___ No ___ From _____ To _____

Supervisor _____ Reason For Leaving _____

TYPE OF EMPLOYMENT DESIRED

Temporary _____ Permanent _____ Position Desired _____

Date available for work _____ Are you willing to work overtime? Yes ___ No ___

Are you on a lay-off and subject to recall? Yes ___ No ___ Veteran? Yes ___ No ___ Vietnam Veteran? Yes ___ No ___

Are you willing to work away from home? Yes ___ No ___

If required by the employer, will you undergo pre-employment physical/drug test? Yes ___ No ___

Have you been convicted of a felony in the last seven (7) years?

(Such conviction may be relevant if job related, but does not bar you from employment). Yes ___ No ___

If yes, please explain _____

EXPERIENCE

<u>Yes/No</u>	<u>Machine Or Trade</u>	<u>Models</u>	<u>Rough/Finish Or Type of Work</u>	<u>Yrs. Exp.</u>	<u>For Whom</u>
Y N	Farm Tractor	_____	_____	_____	_____
Y N	Roller	_____	_____	_____	_____
Y N	Dozer	_____	_____	_____	_____
Y N	Motor Grader	_____	_____	_____	_____
Y N	Scraper	_____	_____	_____	_____
Y N	Loader	_____	_____	_____	_____
Y N	Crane	_____	_____	_____	_____
Y N	Backhoe/Excavator	_____	_____	_____	_____
Y N	Carpenter	_____	_____	_____	_____
Y N	Form Builder	_____	_____	_____	_____
Y N	Concrete Work	_____	_____	_____	_____
Y N	Pipe Layer	_____	_____	_____	_____
Y N	Laborer	_____	_____	_____	_____
Y N	Mechanic	_____	_____	_____	_____
Y N	Welder	_____	_____	_____	_____
Y N	Service Man	_____	_____	_____	_____
Y N	Truck Driver	_____	_____	_____	_____
Y N	Supervisor	_____	_____	_____	_____

List the three (3) jobs you have held most recently and/or the jobs related to construction.

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Dates Employed</u>	<u>Immediate Supervisor</u>	<u>Reason For Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Can you perform the job functions of the position you are applying for, without modification of equipment? Yes ___ No ___ Modification required _____

**Commercial Contractors Equipment, Inc.
Drug Free Workplace Policy**

It is the policy of Commercial Contractors Equipment, Inc. to maintain a safe, healthful and productive work environment for all employees. Therefore, Commercial Contractors Equipment, Inc. endorses the philosophy that the workplace should be free from detrimental effects of illicit drugs and alcohol. CCEI will act to eliminate any substance abuse, which increases the potential for accidents, absenteeism, substandard performance, poor employee moral or damage to CCEI reputation. All employees are subject to pre-employment and random drug testing. If an employee violates the drug free workplace policy and/or is convicted of violating any criminal drug statute while on the worksite, he or she will be terminated. This policy is applicable to all employees.

Employees reasonably believed to be under the influence of drugs or alcohol while in the workplace shall be prevented from engaging in further work and the incident shall be reported to the employee's immediate supervisor as soon as possible.

Supervisors are required to detail in writing the specific facts, symptoms, or observations which form the basis for the supervisor's determination that reasonable suspicion exists that an employee is intoxicated or under the influence of drugs or alcohol while on the job. "Reasonable suspicion" is a belief based on objective and explainable facts sufficient to lead a reasonably prudent supervisor to suspect that an employee is under the influence of drugs or alcohol so that the employee's ability to perform his or her job safely is reduced.

The supervisor shall contact an additional manager or supervisor to observe the employee in question. The additional person shall also document in writing any objective facts constituting reasonable suspicion that the employee in question is intoxicated or under the influence of drugs.

All reports documenting the objective facts constituting reasonable suspicion that the employee is intoxicated or under the influence of drugs shall be submitted to the Project Manager who shall take action in accordance with this policy.

An employee may be required to submit to alcohol, drug, or controlled substance testing when the employee's work performance causes a reasonable suspicion that the employee is impaired due to current intoxication, drug, or controlled substance abuse. In addition, employees involved in an accident will be required to submit to a post-accident alcohol or drug test. Refusal to submit to testing, when requested, will result in termination.


Harold Schuster, CEO

Signature of Applicant/Employee

Date

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of this company not to discriminate against minorities, women, Vietnam Era or disabled veterans, or handicapped persons, without regard to their race, color, religion, sex, or nation origin, with respect to recruitment, hiring, training, promotion, and other terms and conditions of employment, provided the individual is qualified to perform the work available. Further it is the policy of this company to comply voluntarily with the concepts and is the policy of this company to comply voluntarily with the concepts and practices of affirmative action. According, all employment and promotion decisions shall be consistent with the principle of equal employment opportunity (EEO).

Harold Schuster
Harold Schuster, CEO

Michael T. Sibbersen
Michael T. Sibbersen, President

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand that all employees are subject to random drug testing.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____