

Dear Applicant:

Thank you for choosing The Cummins Construction Co., Inc. We will be happy to receive an application from you for any open posted position.

1. Complete one application for each position for which you are qualified and would like to be considered. If you need help to fill out this application form, please notify the person that gave you this form.
2. Complete all sections of the application including phone numbers and social security numbers. If submitting a résumé with an application, you must still complete all sections, including Employment History. If any applicable section is not completed or illegible, your application will be viewed as incomplete and will not be considered.
3. Do **not** provide any personal information other than that specifically requested.
4. Please remember to write the type of position for which you are applying on your application.
5. Your application will remain active for 45 days. If you are selected for an interview, you will be contacted by the hiring supervisor. We are unable to make copies of résumés, certificates or other information. If you would like this information attached to your application, please have them ready at the time you apply.
6. The Cummins Construction Co., Inc. is an Equal Opportunity Employer. Applications are considered without regard to Race, Religion, Gender, National Origin, Age, Veteran Status, Disability, or any other legally protected class.

EMPLOYMENT APPLICATION
CUMMINS CONSTRUCTION CO., INC.
P.O. BOX 748
ENID, OKLAHOMA 73702

DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of Race, Religion, Gender, National Origin, Age, Veteran Status, Disability, or any other legally protected class. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to beginning employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. If you agree with these provisions, Initial here. _____

AVAILABILITY: What type of position are you applying for? _____

What date can you start? _____ What category would you prefer? ___ Full Time ___ Part Time ___ Temporary

EDUCATION: Please circle highest grade completed. 6 7 8 9 10 11 12 13 14 15 16 16+

<i>Name of School</i>	<i>City/State</i>	<i>Graduate?</i>

Security : List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

Yes No Have you ever pled guilty, nolo contendere or been convicted of a felony and/or served jail time in the past seven years? If so, please describe below.

(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

<i>Incident</i>	<i>City/State</i>	<i>Charge</i>
1.		
2.		

JOB-RELATED SKILLS: Note: Do not fill out any part of this section you believe to be non-job related to the position for which you are applying.

Yes No If the job requires, do you have the appropriate valid drivers license?

DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation? If an accommodation is needed, what is required? _____

EMPLOYMENT REFERENCES: *Your application will not be considered unless every question in this section is answered.* We will make every effort to contact previous employers.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Company Name _____
City _____ State _____ Phone Number _____
Dates Employed _____
Job Title _____ Supervisors Name _____
Duties _____
Salary _____ (Hour, Week, Month) Reason for Leaving _____

SECOND MOST RECENT EMPLOYER

Company Name _____
City _____ State _____ Phone Number _____
Dates Employed _____
Job Title _____ Supervisors Name _____
Duties _____
Salary _____ (Hour, Week, Month) Reason for Leaving _____

THIRD MOST RECENT EMPLOYER

Company Name _____
City _____ State _____ Phone Number _____
Dates Employed _____
Job Title _____ Supervisors Name _____
Duties _____
Salary _____ (Hour, Week, Month) Reason for Leaving _____

REFERENCES : Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/ RELATIONSHIP
1.		
2.		

COMMENTS :

Ask for Additional Page if Necessary

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of alcohol and/or illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of alcohol and/or illegal drugs prior to and during employment.

Signature _____

Date _____

CONSUMER AUTHORIZATION & RELEASE –CUMMINS CONSTRUCTION

In connection with **CUMMINS CONSTRUCTION** considering me for employment, continued employment, promotion or reassignment, I authorize **CUMMINS CONSTRUCTION** and/or its agent, SelectForce, Inc. to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Public record check may include but not limited to a criminal or felony background check and sex offender's registry check. Additionally, regarding access to workers' compensation court records, **I hereby authorize my employer permission to index, by social security number in compliance with 74 O.S., Section 3113 and Workers' Compensation Court Rule 31.** Workers' Compensation information will only be requested in compliance with the ADA.

I authorize, without reservation, any person or entity contacted by **CUMMINS CONSTRUCTION**, or its agent, SelectForce, Inc. to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release **CUMMINS CONSTRUCTION**, its affiliated companies, their officers, employees and agents, and specifically, SelectForce, Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

I understand that I have a right to a copy of the report, affirmed by checking one of the boxes below:

I want a copy of the Report generated on me sent to my current address.

I do not want a copy of the Report generated on me sent to me.

By my execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion or reassignment as an employee. Pursuant to the Federal Fair Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of consumers' rights will be provided to me.

PLEASE PRINT

First Name	Middle Name	Last Name	
(Include Maiden or other last names)			
DATE OF BIRTH*	SS#	DL#	STATE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

SIGNATURE: _____ **DATE:** _____

*"Date of Birth" (DOB) will be used solely for the purpose of identification in doing background checks and will not be considered in the "employment" process.