



STEVE
SPIESS
CONSTRUCTION
INC.

FRANKFORT, ILLINOIS

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. This application form is intended for use in evaluating 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 sex, marital status, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

TODAY'S DATE: _____

NAME: _____
Last First M.I.

HOME PHONE: _____ WORK PHONE: _____ S.S. NO. _____

CURRENT ADDRESS: _____
Street City State Zip

PRIOR ADDRESS: _____
Street City State Zip

AVAILABILITY

For which position are you applying? _____ What date can you start? _____

What category would you prefer? Full-time Part-time Temporary
For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

EDUCATION

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

Name	City/State	Dates	Graduate?
High School			
College			
Other			

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 yes, please list) _____

Yes No

Have you been convicted of a felony and/or served time in the past seven years?
(If yes, please describe below) _____

Incident

City/State

Charge

Incident	City/State	Charge

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

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent _____

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 the job with or without reasonable accommodation?

EMPLOYMENT REFERENCESYour application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical***MOST RECENT EMPLOYER**Yes No
Yes NoAre you currently working for this employer?
If yes, may we contact?

Company Name _____

City _____

State _____

Phone Number _____

To _____ From _____

Dates Employed _____

Job Title _____

Supervisor Name _____

Duties _____

Salary Per (Hour, Week, Month) _____

Reason for Leaving _____

SECOND MOST RECENT EMPLOYER

Company Name _____

City _____

State _____

Phone Number _____

To _____ From _____

Dates Employed _____

Job Title _____

Supervisor Name _____

Duties _____

Salary Per (Hour, Week, Month) _____

Reason for Leaving _____

THIRD MOST RECENT EMPLOYER

Company Name _____

City _____

State _____

Phone Number _____

To _____ From _____

Dates Employed _____

Job Title _____

Supervisor Name _____

Duties _____

Salary Per (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

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant instructions 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 understand that Steve Spiess Construction, Inc. requires the applicant to undergo a post offer physical screening to determine the applicant can perform the essential job functions. I also understand that the use of illegal drugs is prohibited. Steve Spiess Construction, Inc. policy requires, I submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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THIS APPLICATION WILL BE RETAINED BY THE EMPLOYER AND PLACED IN THE EMPLOYEE'S PERSONNEL FILE AS A MATTER OF RECORD

For Office Use Only

Date Received: _____

Initials: _____

_____ Application Signed

_____ Post Offer Screening Policy Signed

_____ Drug Free Workplace Policy Signed

_____ Authorization for Medical Records and Communications Release



FRANKFORT, ILLINOIS

DRUG FREE WORKPLACE POLICY

PURPOSE: To provide guidance to management employees in the operation of the Steve Spiess Construction, Inc. Drug Free Workplace program.

APPLICATION: This policy shall apply to all employees whom management at Steve Spiess Construction, Inc. specifies in a non-discriminatory manner to assure a drug free workplace.

ADMINISTRATION: When applicable or when required, drug testing may be required. Steve Spiess Construction, Inc. shall retain a certified lab to conduct and evaluate all drug testing associated with this program. Currently, area agreements with Carpenters (Article XXXII), Cement Masons 502 (Section 22), Cement Masons 803 (Section 19), Cement Masons 362 (Article 21), Operators Local 150 and Teamsters (Addendum 1) contain a version of the CISCO Uniform Drug/Alcohol Abuse Program. (See [Appendix 6 A](#) for CISCO's suggested policy.) Generally speaking, drug testing is permitted under the following conditions:

1. Pre-employment.
2. When a supervisor has reasonable cause to believe the employee has reported for work under the influence or has been under the influence while on the job.
3. When an employee is involved in a workplace accident and drugs or alcohol are suspected as a cause.

Since each area agreement is different, check individual area agreement when developing a policy for craft employees. The basic provisions of each agreement are outlined in the table below.

TRAINING: All employees covered by the program shall be provided one hour of training each year.

REASON:	Laborers	Operator	Carpenter	Teamster	Masons-502	Masons-803	Masons-362
Pre-employment	Yes	YES	NO	YES	NO	NO	NO
For Cause	Yes	YES	YES	YES	YES	YES	YES
After an Accident	Yes	YES	YES	YES	YES	YES	YES
Randomly	No	NO	NO	YES	NO	NO	NO



Drug Testing Consent Form

I have applied for employment with Steve Spiess Construction, Inc. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Steve Spiess Construction, Inc. for employment

I hereby authorize any physician, laboratory, hospital or medical professional retained by Steve Spiess Construction, Inc. for screening purposes to conduct such screening and to provide the results to Steve Spiess Construction, Inc., and I release Steve Spiess Construction, Inc. and any person affiliated with Steve Spiess Construction, Inc. and any such institution or person conducting the screening, from liability.

Signature: _____

Date: _____

Post Offer Screening Policy

PURPOSE: Steve Spiess Construction, Inc. is committed to providing a safe and healthful workplace for its employees, both existing and new. As such, the company recognizes that hiring workers who are unable to perform the essential job functions required for the position, consistent with business necessity, will put the worker at undue risk of physical injury. Additionally, co-workers may be negatively impacted.

In an effort to prevent this situation, Steve Spiess Construction, Inc. has implemented a post offer screening policy. Each new applicant, upon acceptance, will be offered employment contingent upon successful completion of a screening for the ability to perform essential job functions.

Hiring Practice:

- Make employment offer contingent
- Preliminary paperwork issued
 - Payroll such as I-9 & W-4, etc.
 - Informed consent form for post offer screening
 - Acknowledgement of receipt of substance abuse policy
 - Consent for drug test
 - Map to testing facility
 - Screening sheet for appropriate position
- Call the testing facility to notify of worker en-route
- Worker screened at testing facility
- Completed screening sheet faxed to Steve Spiess Construction, Inc. indicating pass/fail
- If pass, send on to job location
- If fail, dismiss



Informed Consent for Post Offer Screening

I hereby acknowledge my informed consent to participate in the post offer screening. I understand that my participation in the screening is vital to my employment with Steve Spiess Construction, Inc. I am aware that I will be completing activities that may include lifting, carrying, climbing, kneeling, squatting, digging, pushing and pulling. I am aware that I will be shown a list of activities to be completed, which are consistent with the essential job functions for the job for that I have been given restriction on buy a physician.

Pending completion of screening, results will be faxed to Steve Spiess Construction, Inc. A representative from Steve Spiess Construction, Inc. will contact me at Provena Physical Therapy & Rehabilitation to inform me of my employment status.

Signature of employee:

Signature of employer representative:

Date:

**AUTHORIZATION FOR MEDICAL RECORDS
AND COMMUNICATIONS RELEASE**

In the event of an alleged work related injury arising in the course of my employment with Steve Spiess Construction, Inc., I unconditionally authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic, pharmacy, or other medically related facility, insurance company or other organization, corporation, institution or person, that has any records or knowledge, including my mental or physical health, history, condition or well-being, to supply all such information to my employer or its insurance carriers, third party claims administrators, attorneys, consultants, nurses and vendors which may participate in coordination of my medical or vocational rehabilitation, or make a determination of my entitlement to benefits under the Workers' Compensation Act.

I specifically authorize any treating physician or other medical care provider to communicate orally or in writing with Steve Spiess Construction, Inc., and/or its insurance companies, claims administrators, rehabilitation or medical management consultant, nurses, vocational counselors, or attorneys, as to my past and future care and treatment, and as to any other issues including diagnosis, prognosis, causal connection, treatment plan, and ability to work. I hereby waive my physician-patient privilege and relevant regulations under the Health Insurance Portability & Accountability Act. I also authorize any treating physician or medical provider to review any additional materials provided to them.

I understand that the persons and/or organizations that I am authorizing to disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization.

I further understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.

I understand that I have the right to revoke this authorization at any time. I also understand that my revocation of this authorization must be made in writing. I understand that any use of disclosure made prior to the revocation under this authorization will not be affected by a revocation.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim. I further understand that after signing this authorization, I will be provided with a copy of it.

Employee Name (Please Print)

Date of Birth

Signature

Date