

APPLICATION FOR EMPLOYMENT

YATES CONSTRUCTION COMPANY, INC.

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

YATES CONSTRUCTION COMPANY, INC., EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION AT THE TIME OF EMPLOYMENT.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE)
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

Equal Opportunity Information

Yates Construction Company policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. (Sex, age or absence of disability is a bona fide occupational qualification in a certain number of jobs). The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>(Month) (Day) (Year)</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S.126-27.</p>	
<p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>		
<p>ETHNIC GROUP</p> <p>1. <input type="checkbox"/> White (non-Hispanic)</p> <p>2. <input type="checkbox"/> Black (non-Hispanic)</p> <p>3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</p> <p>4. <input type="checkbox"/> Asian (including Pacific Islander)</p> <p>5. <input type="checkbox"/> American Indian (including Alaskan native)</p>	<p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental Retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify)</p>

PLEASE PRINT ALL ANSWERS.
PLEASE ANSWER ALL QUESTIONS.*

YATES CONSTRUCTION COMPANY, INC.
9220 NC 65, STOKESDALE, NORTH CAROLINA 27357

EMPLOYMENT APPLICATION

DATE _____

NAME (FIRST)	(Middle)	(Last)	PHONE NO
STREET	CITY	STATE	ZIP CODE
Social Security No	Drivers License No.	Expiration Date	Licensing State
Branch	From _____ To _____	Final Rank	What type work did you do in military service?

EDUCATION		MILITARY SERVICE	
GRAMMER SCHOOL	HIGH SCHOOL	COLLEGE	OTHER TRAINING
Number of Years Completed 01 02 03 04 05 06 07 08	Number of years completed 01 02 03 04	Number of Years Completed 01 02 03 04	Last name of school, location, course taken, date of entering and date of leaving.
Name of School City State	Name of School City State	Name of School City State	
Date Started Mo. Yr.	Date Left Mo. Yr.	Date Left Mo. Yr.	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WORK EXPERIENCE - LIST MOST RECENT EMPLOYER FIRST			
Last or Present Employer	Employer's Address	Kind of Business	
Your Job	Your Supervisor's Name	His Title	
Date Started Mo. Year	Date Left Mo. Year	Your Starting Rate \$ per	Your Rate At Leaving \$ per
Why Did You Leave?			
Next to Last Employer	Employer's Address	Kind of Business	
Your Job	Your Supervisor's Name	His Title	
Date Started Mo. Year	Date Left Mo. Year	Your Starting Rate \$ per	Your Rate At Leaving \$ per
Why Did You Leave?			
Employer Before That	Employer's Address	Kind of Business	
Your Job	Your Supervisor's Name	His Title	
Date Started Mo. Year	Date Left Mo. Year	Your Starting Rate \$ per	Your Rate At Leaving \$ per
Why Did You Leave?			
Employer Before That	Employer's Address	Kind of Business	
Your Job	Your Supervisor's Name	His Title	
Date Started Mo. Year	Date Left Mo. Year	Your Starting Rate \$ per	Your Rate At Leaving \$ per
Why Did You Leave?			

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE COMPLETE THIS SKILLS INVENTORY SO WE MAY BEST PLACE YOU

One Check (✓) for Average Ability.
Two Checks (✓✓) for Above-Average Ability

If you have FORMAL TRAINING (Truck Driver School, Welding School, Equipment Operator School, etc.) print a letter "T" in front of the number ("T 11 (✓) Bricklaying").

CLERICAL SKILLS:

- 1() Adding Machine
- 2() Calculator
- 3() Computer
- 4() Payroll
- 5() Shorthand
- 6() Switchboard
- 7() Typing
- 8() Work with figures
- 9() _____
- 10() _____

MECHANICAL SKILLS:

- 11() Bricklaying
- 12() Carpentry
- 13() Electrical
- 14() Electronics
- 15() Heavy Equipment Mechanic
- 16() Machine Maintenance
- 17() Plumbing
- 18() Truck Mechanic
- 19() Welding, electric
- 20() Welding, gas
- 21() _____
- 22() _____

EQUIPMENT SKILLS:

- 23() Dump Truck
- 24() Tractor-Trailer
- 25() Tractor-Lowboy
- 26() Track Backhoe
- 27() Rubber Tire Backhoe
- 28() Track Loader
- 29() Rubber Tire Loader
- 30() Motorgrader
- 31() Farm Tractor
- 32() Track Dozer
- 33() Wheel Scraper
- 34() _____
- 35() _____
- 36() _____

Have you ever worked for this company before? Yes _____ No _____

IF RELATED TO ANYONE IN OUR EMPLOY,
STATE NAME AND DEPARTMENT _____

REFERRED
BY _____

EMPLOYMENT DESIRED:

FULL TIME () PART TIME () SUMMER ONLY ()

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HOW WILL YOU GET TO WORK EACH DAY IF HIRED? _____

IN CASE OF EMERGENCY NOTIFY?

NAME _____ ADDRESS (if not same as yours) _____ PHONE NO. _____

I declare my answers to the questions on this application are true and complete, to the best of my knowledge, and give Yates Construction Company, Inc. the right to investigate all information given and to secure additional information, if necessary. I understand that such investigation may include talking with third parties, such as family members, former employers, present employer (if authorized above), business associates, financial sources, friends, neighbors, schools, Department of Transportation, Court records, or others with whom I am acquainted or who have knowledge of me. I understand that this inquiry may include information as to my work record, character, general reputation, personal characteristics, driving record, and mode of living. In accordance with the law I hereby release from all liability or responsibility all persons, companies, institutions, or corporations furnishing such information.

I understand that any misleading or incorrect statements on this application or in any interview(s) or the incomplete filling out of this application may render this application void and if employed would be cause for immediate discharge.

I further understand that the completion of this application does not assure me of a position with this Company and does not obligate the Company to me in any way. I understand that this application shall remain active for a period of time not to exceed 45 days, and that to be considered beyond that time it will be necessary to complete a new application, assuming applications are being taken at such time.

I further understand and agree in the event I am employed such employment is for no definite period and may, regardless of the date of payment of any wages and/or salary, be terminated at any time without any previous notice.

APPLICANT DO NOT WRITE IN THIS SPACE

Authorized Signature

Pay Rate

Will Report

Dept. Job

Date Hired

Date

Signature