



EMPLOYMENT APPLICATION

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

HM LOPES LLC (the "Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status, genetic information, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state, and/or local laws, it is our policy to provide reasonable accommodations upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state, and/or local employment laws, and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke-free workplace. The Company is a drug-free workplace, and **WE SCREEN ALL APPLICANTS FOR ILLEGAL DRUG USE.**

Today's Date: _____ Available Start Date: _____

POSITION APPLIED FOR: ☐ Operator ☐ Driver ☐ Mechanic ☐ Site & Utility Foreman ☐ Site & Utility Laborer
☐ Concrete Foreman ☐ Concrete Finisher ☐ Concrete Laborer ☐ Other: _____

PERSONAL DATA

Name: _____
Last First Middle

Street Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: _____ ☐ Cell ☐ Land line Email Address: _____

If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes.)

Are there any days, shifts, or hours you will not work?* ☐ Yes ☐ No If yes, please explain: _____

Will you work overtime, if required?* ☐ Yes ☐ No If no, please explain: _____

Salary Expectations: _____

***Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether reasonable accommodation can be made.

PERSONAL DATA (CONTINUED)

How did you learn about our Company? _____

Have you ever applied or worked at our Company previously? ☐ Yes ☐ No If yes, what year? _____

Do you know anyone who works for this Company? ☐ Yes ☐ No If yes, whom _____

Are you legally authorized to work in the United States?* ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status (For example, H-1B visa status)?

☐ Yes ☐ No

***Note:** The Federal Immigration Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

Do you have a valid driver's license? ☐ Yes ☐ No If yes, State: _____ License No.: _____ Class: _____

Have you had any motor vehicle violations? ☐ Yes ☐ No If yes, please explain: _____

EDUCATION

Name, City, and State of Educational Institution	Graduated		Specialized Courses/Degrees/Certifications
	Yes	No	
High School /GED			
College or University			
Technical School			

LICENSES & CERTIFICATIONS

Note: Check only licenses or training that are currently valid

Training	MA Class 1: Hoisting	MA Class 2: Excavating	Driver's License	Other Training & Certifications (List)
Y N <input type="checkbox"/> <input type="checkbox"/> OSHA 10 <input type="checkbox"/> <input type="checkbox"/> OSHA 30 <input type="checkbox"/> <input type="checkbox"/> OSHA 40 Hazwoper <input type="checkbox"/> <input type="checkbox"/> OSHA 16 Asbestos <input type="checkbox"/> <input type="checkbox"/> Confined Space <input type="checkbox"/> <input type="checkbox"/> First Aid <input type="checkbox"/> <input type="checkbox"/> CPR	Y N <input type="checkbox"/> <input type="checkbox"/> 1A <input type="checkbox"/> <input type="checkbox"/> 1B <input type="checkbox"/> <input type="checkbox"/> 1C <input type="checkbox"/> <input type="checkbox"/> 1D	Y N <input type="checkbox"/> <input type="checkbox"/> 2A <input type="checkbox"/> <input type="checkbox"/> 2B <input type="checkbox"/> <input type="checkbox"/> 2C <input type="checkbox"/> <input type="checkbox"/> 2D	Y N <input type="checkbox"/> <input type="checkbox"/> Class A <input type="checkbox"/> <input type="checkbox"/> Class B <input type="checkbox"/> <input type="checkbox"/> Class C <input type="checkbox"/> <input type="checkbox"/> Class D <input type="checkbox"/> <input type="checkbox"/> CDL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

EMPLOYMENT HISTORY

Please complete for all full- or part-time employment beginning with most recent employer. All applicants should provide at least three (3) years of history. (A separate sheet may be attached.) Please explain any gaps in your employment. Applicants who will drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years of information about those employers for whom the applicant operated such vehicle.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Former Employer: _____ Location: _____
Town/City State

Supervisor's Name: _____ May we contact? ☐ Yes ☐ No Cell#: _____

Dates employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Reason for leaving: _____

Former Employer: _____ Location: _____
Town/City State

Supervisor's Name: _____ May we contact? ☐ Yes ☐ No Cell#: _____

Dates employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Reason for leaving: _____

Former Employer: _____ Location: _____
Town/City State

Supervisor's Name: _____ May we contact? ☐ Yes ☐ No Cell#: _____

Dates employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Reason for leaving: _____

- Have you ever been discharged or asked to resign from employment? ☐ Yes ☐ No
 - Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any employer that might prevent or restrict you from working for the Company? ☐ Yes ☐ No (If yes, you will be required to furnish a copy of the agreement if you are being considered for hire.)
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MEDICAL EXAM AND SUBSTANCE ABUSE SCREENING NOTICE

If an offer of employment is made to you, the Company may specify that it is contingent upon the results of a medical exam as related to the essential duties and responsibilities of the position. In addition, the Company maintains a drug-free workplace policy and will not tolerate any unlawful activity such as the possession, use, manufacture, and/or distribution of a controlled substance on Company time or Company-owned or controlled property (including vehicles and equipment). Your initial and continued employment by the Company, therefore, is contingent upon, among other things, your successful test result of our drug-screening process. Please note that while certain states have legalized medical or recreational usage, marijuana remains an illegal substance under Federal law.

MEDICAL EXAM AND SUBSTANCE ABUSE SCREENING ACKNOWLEDGMENT

I freely and voluntarily agree to submit to a post-offer, pre-employment medical examination and/or a pre-employment drug screen, as it relates to the requirements of a specific position, as part of my pre-employment with the Company. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Company for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test result will be communicated in a confidential manner.

Applicant's Signature

Printed Name: _____

Date: _____

Your hire is contingent upon successfully passing a drug screening, background check, and providing proof of an acceptable motor vehicle driving record, if applicable.

APPLICANT'S ACKNOWLEDGMENT

I certify this application was completed by me and that the answers given herein and during the entire application process (including, but not limited to information provided in resumes, attachments to this application, interviews, or otherwise, if applicable) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts, or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools, and references to give the Company (without further notice to me) all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT, AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME REGARDLESS OF THE SUCCESSFUL COMPLETION OF ANY INTRODUCTORY OR PROBATIONARY PERIOD. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE, OR OTHER PROCEDURE (INCLUDING EMPLOYEE HANDBOOK OR ANY EMPLOYEE MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I FURTHER UNDERSTAND THAT NO RECRUITER, INTERVIEWER, OR OTHER REPRESENTATIVE OF THE COMPANY, OTHER THAN THE OWNER, PRESIDENT, OR CEO, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, AND NONE HAS DONE SO. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT, OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests.

I understand and agree as a pre-requisite to employment that I will be required to take and pass a pre-employment drug screening. I also agree to take a drug and/or alcohol test at any time in compliance with the Company's procedures and that the test results must be satisfactory to the Company. I authorize the release of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for drug tests to be conducted. I also agree to take a post-offer medical examination if requested. I understand that any offer to hire is conditioned upon results satisfactory to the Company of any required pre-employment test, substance abuse test, background investigation, and Company medical examination or inquiries. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, or a rotating work schedule that includes Saturday and/or Sunday work. If hired, I understand and accept these as conditions of my continued employment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS CONTAINED IN THIS APPLICANT'S ACKNOWLEDGMENT.

Applicant's Signature: _____

Date: _____

Skills & Qualifications for Equipment Operators & Laborers

Please review each section listed on both sides of this sheet. Answer all questions and rate your level of experience completely in each section, **even if you are not applying for the particular trade.**

Name: (Print) _____ Date: _____

I am available to start work on: _____

HEAVY EQUIPMENT OPERATOR (Rate your level of Experience on all equipment listed)

(Operated full time 6+ years) V= Very Experienced	(Fully qualified can operate) E=Experienced	(Have operated limited amount) S=Some Experience	(Have never operated) N=No Experience
V E S N	V E S N	V E S N	V E S N
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Excavator (Full Size)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Skid Steer	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Grader	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Excavator (Compact)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Crane	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Hydraulic Hammer	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Excavator (Rubber Tired)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Wheel Loader	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Shear	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Bull Dozer	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Telehandler (Lull)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Screener Operator	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Backhoe	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Vibrator Roller	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Crusher Operator	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> End Dump	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Forklift	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Sweeper	

SITWORK CONSTRUCTION (Rate your level of Experience on all items listed)

V= Very Experienced	E=Experienced	L=Little Experience	N=No Experience
V E L N	V E L N	V E L N	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Mass Excavation / Pits	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Concrete Cutting & Core Drilling		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Trench Excavation	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Gas Line Installation		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Shoring (Trench Boxes/Shields)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Sewer Drainage Installation		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Site Grading	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Waterline Installation		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Hand Excavation & Grading	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Precast Utility Installation		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Compaction	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Asphalt Paving		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> General Demolition	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Uni-lock Wall Installation		
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Pit Operations	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Snow Plowing & Removal		

CONCRETE & MASONRY CONSTRUCTION (Rate your level of Experience on all items listed)

V= Very Experienced	E=Experienced	L=Little Experience	N=No Experience
V E L N	V E L N	V E L N	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Layout	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Concrete Finishing	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Waterproofing	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Formwork	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Rebar Installation	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Brick Installation	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Jack Hammering	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Install Block & Brick	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Grouting	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Hand Grading	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Erosion Control	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Install Rings & Covers	
	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Build Stone Walls		

Skills & Qualifications for Equipment Operators & Laborers

OTHER SKILLS & CERTIFICATIONS (Please answer all questions)

Y N <input type="radio"/> <input type="radio"/> Use of Laser <input type="radio"/> <input type="radio"/> Use of Total Station <input type="radio"/> <input type="radio"/> Blueprint Reading Ability <input type="radio"/> <input type="radio"/> Engineering <input type="radio"/> <input type="radio"/> Other	Y N <input type="radio"/> <input type="radio"/> Welding Certification <input type="radio"/> <input type="radio"/> Carpentry <input type="radio"/> <input type="radio"/> Computer Skills <input type="radio"/> <input type="radio"/> MSHA Certification <input type="radio"/> <input type="radio"/> CDL License	Y N <input type="radio"/> <input type="radio"/> OSHA 10 – 30 - 40 <input type="radio"/> <input type="radio"/> CPR / First Aid <input type="radio"/> <input type="radio"/> Confined Space <input type="radio"/> <input type="radio"/> Fall Protection <input type="radio"/> <input type="radio"/> Competent Person
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WORKING CONDITONS (Please answer all questions listed below)

1. Out of Town Work: *At times the job will require overnight stay. Please indicate your situation regarding out of town work:*
 - ☐ I'm able and willing to work on any out of town projects.
 - ☐ I will work out of town, but prefer local work.
 - ☐ I will work out of town on occasion, but cannot for an extended period of time.
 - ☐ I cannot work out of town.
2. Transportation: *Employees are expected to be able to travel to each project on their own if company transportation is not available. Please describe your ability to get to our projects.*
 - ☐ I have reliable transportation and will have no difficulty getting to work on time.
 - ☐ I have good transportation, but I typically do not travel far to work.
 - ☐ I have unreliable transportation and it would be a problem for me.
3. Overtime: *May be necessary to meet project schedules. Please describe your feelings about overtime. If there are reasons you cannot work regular overtime, explain on a separate sheet of paper.*
 - ☐ I will work any overtime available
 - ☐ I will work overtime, but would not be able to work more than ____ hours a week.
 - ☐ I cannot work overtime.
4. Attendance: *The success depends upon every crew member. Therefore, regular attendance is considered a vital part of an employee's performance. Please indicate your experience on past jobs.*
 - ☐ I was never out or late unless it was planned, or if I was too sick to work, or if I had a very good reason to be out.
 - ☐ I had a good attendance record but would slip up occasionally.
 - ☐ I had a poor attendance record, but plan on being better in the future.
5. Weather: *The Company is open for business 52 weeks a year, and typically does not shutdown for inclement weather. You should expect to work in the rain, snow, wind, cold and heat. Please indicate your experience and expectations related to weather.*
 - ☐ I have worked outside with no problem, and dress appropriately for the conditions.
 - ☐ I have worked outside, but find it difficult
 - ☐ I have worked outside, but prefer to work on inside jobs whenever possible.
 - ☐ I have never worked outside before, but would be willing to do so.
 - ☐ I will not / can not work during inclement weather. (If not able, please explain)

APPLICANT'S CERTIFICATION

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, inaccurate statements made on this application may result in my dismissal.

Date:

Applicant's Signature: