APPLICANT CHARACTERISTIC SURVEY (FOR STATISTICAL USE ONLY)

TO ALL APPLICANTS:

The following information will in no way affect decisions regarding you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, in the validation of our selection methods, and for the purpose of Federal Equal Employment Opportunity reporting. Please give us your cooperation by completing this questionnaire. This form will be kept confidential, apart from any application files, and not be used in making hiring decisions.

Please circle the correct number for each question below.

Place your numbered answer to each question on the corresponding

line at the bottom of the page.

A.	What sex are you?	E.	Do you have a disability?
	1. Male		1. No
	2. Female		2. Yes-Blind
			3. Yes-Deaf
В.	What is your age?		4. Yes-Amputee
	, ,		5. Yes-Epilepsy
	1. 19 or less years 5. 50-59 years		6. Yes-Paralysis
	2. 20-29 years 6. 60-69 years		7. Yes-Cardiac
	3. 30-39 years 7. 70 or more years		8. Yes-Other
	4. 40-49 years		o. Too only.
	•	F.	How did you learn about this job?
C.	What is the highest level of education you		=== // maa yan aann maan maa joo.
	have attained.		1. Nebraska Job Service
			2. Private Agency for Employment
	1. 0-8 years		3. Friend
	2. 9-12 years but not a high school graduate		4. Collins Employee
	3. High school graduate or GED		5. Newspaper
	4. Post high school vocational or		6. School
	business school training		7. Other
	5. College, less than a B.A. or B.S. degree		
	6. B.A. or B.S., or similar degree	G.	Veteran Status
	7. M.A. or similar professional degree		
	8. Ph.D., JD, LLB or similar professional degree		1. Non-Veteran
			2. Veteran-non Vietnam era
D.	Of the following, of which racial/ethnic group do		3. Veteran-Vietnam era
	you consider yourself a member?		4. Veteran-Disabled non-Vietnam era
		•	5. Veteran-Disabled Vietnam era
	1. American Indian		
	2. Black	H.	Marital Status
	3. Asian or Pacific Islander		
	4. Hispanic		1. Single
	5. White		2. Married
	6. Other		3. Divorced
			4. Separated
			5. Widowed
A	B C D		
E	F G H		
Name_		Social Security	Number
Birth D	ateToday	3- D.4	

PRE-EMPLOYMENT APPLICATION FOR M.E. COLLINS CONTRACTING CO., INC.

M.E. Collins Contracting Co., Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be take on this application until all questions have been answered.

PERSONAL:	Date/	/	-	
Name Last First MI	Home Phone (_)		
Present Address	СІТҮ	ST	`ATE	ZIP
Social Security No.	Are you over 18?	Yes	No	
Are you a citizen of the U.S. or do you have the legal right to b	e employed in the United	States?	Yes	No
Have you ever been convicted of any crime (excluding minor to falcohol or drugs?No	raffic violations) includin	g driving wh	nile under th	e influence
If yes, state the offense, location, date and disposition				
Note: A conviction will not necessarily disqu	alify you from employme	ent		
Do you have the ability, with or without reasonable accommod are required by the job for which you are applying?Yes	ations, to work overtime	and to travel	if travel and	l overtime
If no, please explain				
Drivers License: State Type	Curren	tly Valid?	Yes	No
EMPLOYMENT DESIRED:				
Are you seekingfull-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-timetart-time	emporary or summer emp	loyment?		
Position applying for	S	alary/Wage 1	Desired	
Date available to start				
Have you ever applied to our company before?Yes	No			
Have you ever worked for our company before?Yes _	No			
If your answer to either of the above questions is Yes,	state when and where			
How did you learn of our company and/or position?		***************************************		
Are you now, or do you expect to be, working in any other bus	iness or job?Yes	No		
Are there any days or hours you would be unable or unwilling	to work?Yes	No		
If yes, please specify those days or hours you would be unable	or unwilling to work			

EDUCATION:

Graduate?	Courses Studied
Yes	Diploma:
No	
Yes	Diploma:
No	- Promisi
1	Diploma
lege (exclude	any medical, marital status, or child care
es?	or child care information)?
	gh school and college
0	
Final Rank	
uired by the jo	b you are applying for?YesNo
our present or p	past employers?YesNo
	utions?YesNo
	ular and consistent basis?
,,	
	Yes No Yes No Yes No lege (exclude marital status, es? d in during high Final Rank uired by the jour present or pre

WORK HISTORY:

List names of employers in consecutive order starting with your most recent employer. Account for all periods of time, including military service and unemployment.

Name of Employer	Supervisors Name		
Address	Phone Number		
City, State, Zip	Pay Start	End	
Position Held	From	То	
Duties		***************************************	
Reason for Leaving			
N			
Name of Employer	Supervisors Name		
Address	Phone Number		
City, State, Zip	Pay Start	End	
rosition neta	From	То	
Duttes			
Reason for Leaving			
Name of Employer	Dhone Number		_
Address City State Zin	T HOHO I THIRDOI		
City, State, Zip	Fay Statt	End	
Position Held Duties		То	
Reason for Leaving			
Reason for Leaving			—
Name of Employer	Supervisors Name		
Address	Phone Number	End	
City, State, Zip	Pay Start	End	
Position Held	From	To	
Duties			—
Reason for Leaving			_
Name of Employer	Supervisors Name		
Address City State Zin	Phone Number		
City, State, Zip	i ay Start	Ellu	
Position Held	From	То	
Duties Reason for Leaving			
Reason for Leaving			
If you worked in any previous positions under another name, please gi purposes:	ve that name(s) belov	v for reference checking	
Name @ Company			
Name @ Company			
Are you presently employed?YesNo			
If yes, may we contact your present employer?YesNo	•		
Have you been fired or asked to resign from a job?Yes	No		
If yes, please explain			
Have you ever been disciplined or received verbal or written warnings		urdiness? Yes]	— No
If yes, please explain		· — —	
			_

Use the space below to describe a	my skills or abilities you posse	ss which you feel would qu	alify you for a position with us.
REFERENCES:			
Give three references, not relative	es or former employers.		
Name	Address	Phone	Occupation
	AFFIDA	VIT	
I certify that my answers any kind whatsoever. I understan this application form or during an	to the foregoing questions are d that if I am employed, any fa y interviews will be grounds fo	lse, misleading or otherwise	y consequential omissions of e incorrect statements made on
I hereby authorized M.E to investigate my employment his revealing any and all information any cause of action against these statements.	tory, character, and/or qualification they wish as a result of this inv	ations. I give my full and c restigation. In addition, I he	ereby waive my right to bring
I agree that, if I am empl taking of drug and alcohol tests, wrefusal to take such tests when ash M.E. Collins Contracting Co., Inc definite period of time without the understand that my employment is or no reason at all, with or withou	ted will be grounds for my imm to is authorized to enter into any express written consent of the s "at-will" and may be terminated	y policy, are a condition of nediate termination. I furth written or verbal employm President of M.E. Collins	continued employment and er understand that nobody at nent contracts with me for any Contracting Co., Inc. I also
Signature		Date	
Printed Name			