

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security

(DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

> the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

# NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

**Employment Verification.** 



For more information on E-Verify. please contact DHS at:

1-888-464-421



# **GOULD**

## **CONSTRUCTION, INC.**

#### **EMPLOYMENT APPLICATION**

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 sex, marital status, race, color, 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 will be required prior to 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 will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Full Name:				Date:				
Last	First		M.	l.				
Address:Street Address					Apt/Unit #			_
					,			
City		_		State		Zip		
Hm Phone:	Cell Phone	e:		email:				
Date available:	_ Social Sec	curity No:			Desired S	alary:		
Position applied for:								
	YES	NO						
Are you authorized to work in the U.S.?								
Have you ever worked for this company?	YES	NO						
If yes, when?								
			YES	NO		YES	NO	
f the job requires, do you have the appropri	iate valid dr	iver's license?	•		CDL A or B			
Name on license:		DL #:			Type			
	YES	NO						
Have you had any moving violations?								
If yes, please explain:								
How did you hear about us?								
			U <b>CATIO</b>					
High School:			_ Locati	on:			YES	
From:To:		_ H	lighest gra	nde complete	ed?D	id you gradua		
College:			_ Locati	on:				
				YES NO				
From:To:		_ Did you gra		YES NO				

ntion:		
n:		YES NO Did you graduate?
		ertificates that you feel would be of value to this job:
		PREVIOUS EMPLOYMENT
Company:		Phone:
Address:		Supervisor:
Job title:		<del>_</del>
Responsibilities: _		
From:	To:	Reason for leaving:
May we contact yo	our previous employe	YES NO r for a reference:
Company:		_Phone:
Address:		Supervisor:
Job title:		
Responsibilities: _		
From:	To:	Reason for leaving:
		YES NO
May we contact yo	our previous employe	r for a reference:
Company:		Phone:
Address:		Supervisor:
Job title:		
Responsibilities: _		
_	Т	Reason for leaving:

YES NO

May we contact your previous employer for a reference:

### MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	· · · · · · · · · · · · · · · · · · ·
If other than honorable, please explain:		· ·
		·
	REFERENCES	
Please list two professional references.		
Full Name:	Rel	ationship:
	Phone #:	
Years known:		
Address:		·
	Rel	<del>-</del> '
	Phone #:	
Years known:		
Address:		
As part of Gould Construction's effort to applicants will be required to undergo a	onstruction's alcohol and drug abuse of provide a safe and healthful environment drug screening before an employment with reapply at the end of the 30 day period, and	free from alcohol and drug abuse, all job a Gould Construction for a period of 30
of continued employment. This policy procuse drug and alcohol testing, post-acci	quired to comply with the company's Alcorovides for applicant drug and alcohol testident drug and alcohol testing and random edge that I have read and understand all of Initials	ing, for cause drug and alcohol testing, for drug and alcohol testing. A copy of the

#### DISCLAIMER AND SIGNATURE

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. I authorize all former employers, 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 illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature :	_Date:

#### GOULD CONSTRUCTION

#### **Equal Employment Opportunity Information-Self Identification:**

Gould Construction is considered a Federal contractor or subcontractor in terms of doing business with the US government and other prime contractors. We are required to gather and maintain certain information on individuals who reside in the US who apply for employment with us. (Those who don't reside in the United States may disregard this document.) To assist Gould in maintaining accurate employment records and comply with federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential, and will be used only for data reporting requirements. If you choose not to self-identity, your employment status will not be affected in any way. We request that you complete this voluntary form and fax it to: 970-945-8371. You may also return this voluntary form to: 6874 Hwy 82, Glenwood Springs, Co 81601.

Gould Construction is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws. Gould Construction welcomes diversity in the workplace.

For more info about Gould Construction, check out http://www.gouldconstruction.com.

Please check the categories, which apply to you:

GENDER (SEX) INFORMATION:

- o Male
- o Female

#### RACE/ETHNIC GROUP INFORMATION:

- o Black (African American) not of Hispanic Origin: All persons having origins in any of the Black racial groups of Africa.
- o Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and India.

- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White, not of Hispanic Origin: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

#### VIETNAM VETERAN INFORMATION:

Vietnam Era Veteran: (a) Persons serving more than 180 days of active military, navy, or air service, regardless of where the person was posted geographically, any part of which was during the period of August 5, 1964, through May 7, 1975, and who (1) was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability, if any part was between August 5, 1964, and May 7, 1975; (b) A person who served more than 180 days of active military, navy, or air service, within the Republic of Vietnam, any part of which was during the period of February 28, 1961, through May 7, 1975, and who (1) was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability, if any part was between February 28, 1961, and May 7, 1975.

Printed Name:			 
Date:		_	
Signature:	<del></del>		

#### Americans with Disabilities Act

Gould Construction commits to making reasonable accommodation to the known physical or mental limitations of qualified individuals with disabilities and qualified disabled veterans, unless such accommodation would impose an undue hardship on the conduct of its business. Gould Construction also commits to engaging in an interactive process with the person requesting the accommodation (or their representative), as needed, to determine an appropriate accommodation. Undue hardship will be determined by assessing whether the requested accommodation would cause significant difficulty or expense, as provided for in the Section 503 regulations.

#### DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize Gould Construction, Incorporated ("Company") and/or any entity directed by Company to obtain an investigative consumer report for employment purposes, including in connection with my application for employment. An "investigative consumer report" includes any information as to your character, general reputation, personal characteristics, or mode of living. The specific nature and scope of the investigative consumer report Company is seeking includes inquiries regarding educational background; work history; personal financial status and credit history; court records, including criminal conviction record, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates. I further understand and agree that an investigative consumer report may be obtained at any time, and any number of times, as Company in its sole discretion determines is necessary before, during or after my employment.

The consumer reporting agency that will be providing Company with the investigative consumer report is HireRight, Inc., 2100 Main Street, Suite 400, Irvine, CA 92614. I understand that I will automatically be provided with a copy of the investigative consumer report provided to Company. I acknowledge receipt of the attached summary of an investigative consumer reporting agency's obligations pursuant to California Civil Code section 1786.22.I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Company or other entity that obtains information for Company. I further fully release Company, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including but not limited to investigators, credit agencies and those companies or individuals who provide information to Company concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by Company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever.

DATED:	<u></u>	
	(Applicant Signature)	
	(Print Name)	
Yes, I wish Construction, Inc	h to receive a copy of any consumer credit report requested about me by Go.	ould
No, I do not Construction, Inc.	t wish to receive a copy of any consumer credit report requested about me by Go	ould