



Application for Employment

McGuire and Hester is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience and qualifications without regard to pregnancy, childbirth or related medical conditions, race, religious creed, color, genetic information, gender, gender identity, gender expression, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, military or veteran status, union affiliation and any other basis protected by federal, state, local law, ordinance or regulation.

PERSONAL DATA		
Name (Last, First)	Social Sec.#	Today's Date
Address (Street)	City/State	Zip Code
Primary Phone#	Secondary Phone#	
Specify any other name(s) you have used in connection with your employment or education:		
POSITION INFORMATION		
Position Desired	Starting Salary Desired	
How were you referred to us? <i>(please check all that apply)</i>	Why did you choose McGuire and Hester?	
<input type="checkbox"/> M&H Employee Referral: Name of Employee _____ <input type="checkbox"/> Job Fair <input type="checkbox"/> Direct Dispatch from Union <input type="checkbox"/> Referred by Friend <input type="checkbox"/> Saw Truck or Jobsite <input type="checkbox"/> Social Media <input type="checkbox"/> Recommended by Union Representative <input type="checkbox"/> Other _____	<input type="checkbox"/> Company Reputation <input type="checkbox"/> Bay Area Incentive Bonus <input type="checkbox"/> Employee Recommendation <input type="checkbox"/> Location of Projects <input type="checkbox"/> Other _____	
Have you ever been employed by McGuire and Hester? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have family members who are employed by McGuire and Hester? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>We may refuse to hire relatives of present employees if doing so could result in actual potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.</i>		
Can you perform the essential functions of this job, with or without reasonable accomodation? If no please explain: Yes <input type="checkbox"/> No <input type="checkbox"/>		
All new hires must provide proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act. Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If hired, would you have reliable means of transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are hired into a position that requires the operation of a vehicle, we will require a DMV investigation. An unsatisfactory driving record can jeopardize your driving priviledge and/or employment status. Do you authorize McGuire and Hester to check your DMV record now and and if hired in the future? Yes <input type="checkbox"/> No <input type="checkbox"/> (initial here) _____		
Driver's License Number: _____ State _____ Expiration Date: _____		



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EDUCATION				
	Name /Location	Subjects Studied	Degrees or Credits	Did you graduate?
High School				
Junior College/Trade School				
University/College				
Graduate School				

WORK HISTORY: Please list your last three employers in the spaces below. You may include military service and training. Please explain all periods of unemployment. If you need additional space, please use a separate piece of paper.

Employer	Address	Phone
Position Held	Dates of Employment: From To	
Responsibilities		
Reason for Leaving		
Supervisors Name and Title		Can we contact them now? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Position Held	Dates of Employment: From To	
Responsibilities		
Reason for Leaving		
Supervisors Name and Title		Can we contact them now? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Position Held	Dates of Employment: From To	
Responsibilities		
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Supervisors Name and Title		Can we contact them now? Yes <input type="checkbox"/> No <input type="checkbox"/>



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RELEVANT CONSTRUCTION EXPERIENCE

Please check any of the boxes that apply to your construction experience.

Underground Utilities

Number of Years of Experience: _____

- Water
- Storm
- Sewer
- Gas

Previous Employer Reference: _____

Phone Number: _____

Paving

Number of Years of Experience: _____

- Paving Machine
- Raker
- Roller Operator
- Other: _____

Previous Employer Reference: _____

Phone Number: _____

Grading

Number of Years of Experience: _____

- Operator
- Grade Checking

Previous Employer Reference: _____

Phone Number: _____

Concrete

Number of Years of Experience: _____

- Forming of Structures
- Curb Machine
- Flatwork
- Hand/Screeed Bullfloat Finishing

Previous Employer Reference: _____

Phone Number: _____

Landscape

Number of Years of Experience: _____

- Small Bobcat/Trenchers
- Irrigation
- Landscape Maintenance

Previous Employer Reference: _____

Phone Number: _____

Safety Certifications

Number of Years of Experience: _____

- CPR and First Aid
- Competent Person
- Confined Space Entry/Rescue
- Certified Crane Operator
- TARP
- Other: _____
- Hazmat
- Forklift
- Certified Flagger
- OSHA 10 Hour

UNION AFFILIATION: McGuire and Hester is a union contractor. Applicants are **not** required to be current members of our signatory unions in order to be considered for employment but if hired will need to join the appropriate union.

- I am currently **NOT** a member of a union.
- I am a member of the Operating Engineers union.
- I am a member for the Laborers union.
- I am a member of the Cement Mason's union.
- I am a member of the Landscape Laborers 355.
- I am a member of the Carpenters union.
- I am a member of the Teamsters union.

If a union member are you current with all of your membership dues and in good standing? YES NO



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REFERENCES: List people who know your work. Please do not include personal references.

Name	Professional Relationship	Telephone Number	Years Acquainted

Please state any additional information you feel may be helpful in considering your application including major accomplishments, business or professional organizations, skills and education acquired in the armed forces (include dates of duty), special skills or technical proficiencies:

PLEASE READ CAREFULLY APPLICANT'S AGREEMENT, AUTHORIZATION AND WAIVER

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatements of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize McGuire and Hester to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release McGuire and Hester, my former employers and all persons, corporations, partnerships and associations from any and all such claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. **The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with San Francisco's Fair Chance Ordinance.**

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company and designated in writing by the President or Executive Vice President of McGuire and Hester. **(The above policy shall not apply to prohibit activities authorized by a Collective Bargaining Agreement.)**

I understand that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

McGuire and Hester is a DRUG FREE Company. I understand that an offer of employment is conditioned upon several criteria, including my satisfactorily passing certain laboratory test(s) (including tests for substance abuse) which are required by the Company. By submitting this Application for Employment, I hereby consent to said test(s), authorizing the release of test results to the Human Resource Manager and authorizing disclosure of the results by the Human Resource Manager to higher management.

Signature of Applicant: _____ Date: _____

Voluntary Self-Identification of Disability

Applicant

Form CC-305
OMB Control Number 1250-0005
Expires_01/31/2020_

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

McGuire and Hester
EQUAL OPPORTUNITY DATA 2019-APPLICANT

Completion of this form is entirely voluntary and all information will remain confidential and will not affect your application for employment. McGuire and Hester is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite all employee and applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

Name: _____

Gender: Male Female

Race/Ethnicity: American Indian/Alaskan Native (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 Native Hawaiian/ Other Pacific Islander (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Hispanic or Latino
 White (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to Section 503 and VEVRRA. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

Disabled Veteran
 Armed Forces Service Medal Veteran
 Disabled Armed Forces Service Medal Veteran
 Other Protected Veteran

To be completed by employer:

<input type="checkbox"/> 1.1 Executive/Senior Level Officials and Managers	<input type="checkbox"/> 5. Administrative support workers
<input type="checkbox"/> 1.2 First/Mid-Level Managers	<input type="checkbox"/> 6. Craft workers
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives
<input type="checkbox"/> 3. Technician	<input type="checkbox"/> 8. Laborers and helpers
<input type="checkbox"/> 4. Sales workers	<input type="checkbox"/> 9. Service Workers