

PRE-EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

IMPACT Business Services *Representing: IMPACT SAND & GRAVEL, IMPACT TRUCKING, CTC CRUSHING, WADLEY CONSTRUCTION AND/OR AFFILIATES*

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status. You may exclude any answers, which may reveal any of these protected status'.

(PLEASE PRINT)

Position(s) Applied for:			Date of Application:		
How Did You Learn About us?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Friend _____	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name			
Address	Number	City	State	Zip Code	
Home Telephone Number			Cell Phone Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Do you have the legal right to work in the United States? Yes No

Do you have any medical or physical conditions that might limit your ability to perform all duties for the job you are applying for? Yes No

Availability: We have shifts available almost 24hr/day & 7days/week

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
IF HIRED, WHEN COULD YOU BEGIN WORK? (Month/Day/Year)						WOULD YOU BE WILLING TO WORK AT ANY IMPACT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO							
						ANY LOCATION IN THE LAS VEGAS AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO							
DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO						HOW MANY HOURS DO YOU WANT TO WORK EACH WEEK?							

Are you currently on "lay-off" status and subject to recall? Yes No

Will you work overtime if required? Yes No

Will you take a temporary position? Yes No

Can you travel if job requires it? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will *not* necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position applied for.)

EMPLOYMENT EXPERIENCE

Start with most recent or current position. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed	Position/s Held Title	Work Performed
1. Company Name:	From:		
Address:	To:		
Telephone Number/s:			
Supervisor:	<i>(continue work performed)</i>		
Reason for leaving:			
2. Company Name:	From:		
Address:	To:		
Telephone Number/s:			
Supervisor:	<i>(continue work performed)</i>		
Reason for leaving:			
3. Company Name:	From:		
Address:	To:		
Telephone Number/s:			
Supervisor:	<i>(continue work performed)</i>		
Reason for leaving:			
4. Company Name:	From:		
Address:	To:		
Telephone Number/s:			
Supervisor:	<i>(continue work performed)</i>		
Reason for leaving:			

If you need additional space please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. Skills, apprenticeship, specialized and/or military training.

EDUCATION

Name and City of School	Course of Study	GPA	Years Completed	Diploma Received
High School				
College				
Other				

SPECIALIZED SKILLS: Please indicate the number of years experience.

_____ Microsoft Excel	_____ Quick Books	_____ Crane: Breakerball	Loader Experience	Size(s) _____
_____ Microsoft Access	_____ M.S. Projects	_____ Truck Scale		Years _____
_____ Microsoft Word	_____ Jaws	_____ Water Truck	Dozer Experience	Size(s) _____
_____ Typing (wpm)	_____ Screens			Years _____
_____ 10 Key (kpm)	_____ Cones			
Foreign Language(s)	_____			

Other Qualities that make you an excellent employee.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES: please do not list relatives and present employers.

1.	_____	_____
	Name	Phone#

	Address	
2.	_____	_____
	Name	Phone#

	Address	
3.	_____	_____
	Name	Phone#

	Address	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

Initials

I have carefully read the Company Values and agree to do my best to exemplify them while at work.

Initials

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that this employment application and any other Company documents are not promises of employment.

I hereby understand and acknowledge that, the Impact Companies are an "at will" employer. As such, Impact expressly reserves the right to terminate an employee's employment at any time with or without cause or notice just as employees are free to terminate their employment without restriction. Neither the length of employment, promotions, citations, raises nor oral or written statements by supervisors, nor statements in handbooks, letters, manuals nor the institution of grievance or discipline procedures can change your status as an "at will" employee.

I understand that the company reserves the right to require me to submit to drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I hereby authorize Impact Companies to investigate my background, references, employment record, criminal record, credit history, professional licenses, and educational history. I authorize any previous employers and organizations contacted by Impact to provide any relevant information regarding my current and/or previous employment. I release all persons, schools, employers of any and all claims for providing such information. I understand that I may be required to sign a confidentiality and non-compete agreement should I became an employee of Impact. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all policies, rules and regulations of the employer.

Signature of Applicant

Date

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IMPACT COMPANIES WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I authorize you to furnish IMPACT COMPANIES (or one of its subsidiaries), or other duly authorized representative of the IMPACT COMPANIES conducting my background investigation, any information relating to my activities from individuals, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, financial and credit information, and military service records; information of a confidential or privileged nature may be included. Your reply will be used to assist IMPACT COMPANIES in determining my qualifications for the position I am seeking. This includes individuals identified by IMPACT COMPANIES, who might have information about my suitability for employment and is in compliance with applicable state laws.

I understand my rights under Chapter 339 of the Statutes of Nevada (1997) states (in part), effective October 1, 1997, an employer who at the request of a present or past employee, discloses employment history to a prospective employer enjoys immunity from civil liability. This immunity does not apply to an employer who (a) acted with malice, (b) disclosed information it believed was wrong, (c) disclosed information it should have known was wrong, (d) recklessly or intentionally disclosed inaccurate information, (e) deliberately disclosed misleading information, or (f) disclosed information in violation of law or in violation of an agreement with the employee.

I agree to hold IMPACT COMPANIES and its employees, as well as previous employers, supervisors, professional references, you, your organization, and your office's agents and employees, and other harmless from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or similar law. I have also waived any right to inspect and review the confidential information form and all other materials requested and/or submitted on a confidential basis in regards to the application submitted.

NOTE: A PHOTOCOPY OR REPRODUCTION OF THE REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.

Signature (Sign in Black Ink)	Full Name (Type or Print Legibly)	Date Signed
Other Name(s) Used		Social Security Number
Current Address (Street, City)	State	Zip Code
Home Telephone Number		

MATCH INDICATORS

- A. Please put an A next to the 4 areas that you're the strongest or the best at.
- B. Please put a B next to the 4 areas that you're the weakest at (even if they are not big weaknesses).

_____ **Flexibility:** Ability to adjust to change and react in a positive manner, adjusts to demands without becoming easily frustrated. Appropriately shifts priorities to accommodate the changing needs of the business. Handles pressure and uncertainty.

_____ **Workload/Sense of Urgency:** Ability to manage workload. Tasks are accomplished in timely manner. Assists team members with additional workloads.

_____ **Attitude/Motivation:** Maintains and projects a positive attitude. Ability to stay positive during difficult times. Ability to self motivate and encourage others.

_____ **Willingness to Learn and Contribute:** Strives to understand and take on additional tasks, demonstrates creativity by thinking outside; contributes in all areas of operations. Demonstrates the desire to learn and develop new skills. Demonstrates a humble teachable spirit. Takes the initiative to develop solutions.

_____ **Time Management/Organizational Skills:** Prioritizes tasks and manages workflow. Ability to use a planner to optimize task completion. Keeps information organized and accessible.

_____ **Supports Chain of Command:** Knows the organizational structure and the people within the chain of command. Supports and shows respects for leaders within the organization.

_____ **Interpersonal/Communication Skills:** Communication is timely, thorough and accurate. Demonstrates "Active Listening" skills; listens more than they speak. Is clear and concise when speaking and writing. Ability to interact and get along well with others.

_____ **Core Values Fit:** Exemplifies and promotes company mission and values. Adapts to the organization's needs. Follows company policies and procedures/protocol.

_____ **Professionalism:** High standards in appearance, courtesy and behavior. Treats people with respect in a way they would like to be treated. Handles situations discreetly and in a confidential manner.

_____ **Team Work:** Works well in a team environment, ability to exchange ideas and opinions. Helps prevent and resolve conflicts. Develops positive working relationships. Takes accountability for assigned tasks. Keeps an open mind and contributes to building effective working relationships.

_____ **Technical Knowledge and Skill:** Demonstrates efficiency and expertise in the job. Is familiar with the uses and limitations of tools needed to perform the job.

_____ **Quality of Work:** Deliverables are excellent and timely. Completes tasks with a high degree of accuracy and attention to detail.

_____ **Attendance//Punctuality:** Reports to work on time and completed scheduled shift. Rarely calls off duty and follows call off procedure.

_____ **Goals Accomplishment:** Works toward common goals, contributed to team and company goals. Uses a task list appropriately to keep track of tasks and goals.

- C. You will receive periodic written performance reviews with one of the ratings listed below.
Rate yourself on performance on your last job: _____ Rate yourself on the job prior: _____

- 1 – Needs improvement
- 2 – Below expectations
- 3 – Meets expectation
- 4 – Above average
- 5 – Exceeds expectations

C. Do you have written goals? _____

D. We view IMPACT as a university and do our best to help people grow and learn. What speed would you like to grow and why?

AFFIRMATIVE ACTION INFORMATION FOR RECRUITMENT AND APPLICANT FLOW

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment

Please check only ONE of the boxes below

Name: _____ Position Applying For: _____

<p>1. <input type="checkbox"/> White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p>2. <input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.</p> <p>3. <input type="checkbox"/> Hispanic / Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>4. <input type="checkbox"/> Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>5. <input type="checkbox"/> Native Hawaiian / or other Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>6. <input type="checkbox"/> American Indian/Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p>7. <input type="checkbox"/> Two or More Races All persons who identify with more than one of the above five races</p>	<p>U.S Citizenship: <input type="checkbox"/> Native <input type="checkbox"/> Naturalized <input type="checkbox"/> Non-Citizen (Authorized to work in U.S)</p> <p>Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any physical or mental impairment which limits one or more major life activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Any physical or mental disabilities which require a reasonable accommodation in the interviewing process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I decline to complete this form <input type="checkbox"/></p>	

Signature: _____ Date: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

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Job applicant's signature ▶ _____

Date _____