



Application # OA - \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Applicant Name _____					
Last		First		Middle Initial	
Current Address _____					
Number		Street		City	
			State		Zip
Telephone ( _____ ) _____					

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Employment Agency  Walk-In  Other \_\_\_\_\_

Referred by: \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before? If yes, give date. \_\_\_\_\_  Yes  No

Have you ever been employed here before? If yes, give date. \_\_\_\_\_  Yes  No

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you on layoff & subject to recall?  Yes  No

Available to work:

Full-time  Part-time  Special Assignment  Overtime  Weekends  Nights  Holidays  On Call

Days of week you are available to work: \_\_\_\_\_ Hours available to work: \_\_\_\_\_

If part-time, hours per week desired: \_\_\_\_\_ Are you available to travel on company business?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

A conviction does not necessarily bar you from employment

If yes, explain \_\_\_\_\_

Trade (Please circle one): Carpenter Laborer Iron Worker Other (Please specify) \_\_\_\_\_

If you are applying for a construction trade position, are you a Union Member?  Yes  No If yes, local # \_\_\_\_\_

Apprentice?  Yes  No If yes, percentage or term \_\_\_\_\_

Are you able to perform the essential functions of the job with or without an accommodation?  Yes  No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	<b>HIGH SCHOOL/ TRADE SCHOOL</b>	<b>BUSINESS/ TECH SCHOOL</b>	<b>COLLEGE OR UNIVERSITY</b>	<b>GRADUATE/ PROFESSIONAL</b>	<b>OTHER TRAINING: SKILLS &amp; QUALIFICATIONS</b>
<b>SCHOOL NAME</b>					
<b>SCHOOL ADDRESS</b>					
<b>DIPLOMA/ DEGREE?</b>					
<b>AREA OF STUDY</b>					

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## WORK EXPERIENCE

**\*\*\*LIST MOST RECENT EMPLOYER FIRST**

<b>PREVIOUS EMPLOYER</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
<b>START/LEAVE DATES</b>	<b>RATE OF PAY</b>	<b>REASON FOR LEAVING</b>
<b>JOB TITLE</b>	<b>SUPERVISOR TITLE</b>	
<b>DESCRIBE RESPONSIBILITIES</b>		

<b>PREVIOUS EMPLOYER</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
<b>START/LEAVE DATES</b>	<b>RATE OF PAY</b>	<b>REASON FOR LEAVING</b>
<b>JOB TITLE</b>	<b>SUPERVISOR TITLE</b>	
<b>DESCRIBE RESPONSIBILITIES</b>		

<b>PREVIOUS EMPLOYER</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
<b>START/LEAVE DATES</b>	<b>RATE OF PAY</b>	<b>REASON FOR LEAVING</b>
<b>JOB TITLE</b>	<b>SUPERVISOR TITLE</b>	
<b>DESCRIBE RESPONSIBILITIES</b>		

## REFERENCES

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic information, marital or veteran status, or the presence of a disability or handicap.

I hereby authorize Brockmiller Construction, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that, in connection with the routine processing of this application and in conjunction with my subsequent employment, Brockmiller Construction, Inc. may request from a consumer-reporting agency an investigative consumer report, which may contain information as to my credit records, character, general reputation, and personal characteristics. Upon written request from me, Brockmiller Construction, Inc. will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that after an offer of employment and prior to reporting to work I may be subject to drug testing and that the offer of employment is contingent upon the results of the test. I further understand that the Company has a drug and alcohol policy that provides for testing at any time during employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under this policy.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

**I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in our business.



**BROCKMILLER**  
CONSTRUCTION

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## **Applicant Affirmative Action Information**

### **TO ALL EMPLOYEES AND APPLICANTS**

#### **Re: Invitation to Identify Self as Having a Disability or a Disabled Veteran**

Section 503 of the Rehabilitation Act of 1973 requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals and disabled veterans.

If you are disabled or a disabled veteran, please take this opportunity to inform us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary action. Information obtained concerning individuals will be kept confidential, except that (1) supervisors and managers may be informed regarding necessary accommodations, (2) first aid and safety personnel may be informed when and to what extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with the acts shall be informed.

If you are disabled or a disabled veteran, it would assist us if you would tell us about (1) any special methods, skills, and procedures which qualify you for positions that might not otherwise be able to do because of your disability so that you would be considered for any position of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

If you have provided this information in the past, I would ask that you please do so again in order for us to update our records. Please send the information to me in an envelope marked personal and confidential or contact me at (573) 756-2516 for further instructions. Our Affirmative Action Programs can be inspected from 8:00 a.m. to 5:00 p.m. at the corporate office, 14 North Middle Street, Farmington, MO 63640

Sincerely,

Brenda Griffon  
Payroll Manager



**Applicant Affirmative Action Information**

Brockmiller Construction, Inc. is an Equal Opportunity Employer. In order to comply with reporting requirements under federal law, we ask you to complete this form. Completing this form is voluntary. The information requested will be kept confidential. Any answer or refusal to provide the information will not affect your opportunity for employment. This information will not be used for hiring, placement, or any other decision relating to terms and conditions of employment.

**General Information-Part 1**

Applicant Name \_\_\_\_\_

Last

First

Middle Initial

Gender (circle one): Female    Male

Race or Ethnic Identity (**Please check all that apply**):

<b><u>Select</u></b>	<b><u>Race or Ethnic Identity</u></b>	<b><u>Race or Ethnic Identity Description</u></b>
	<b>Hispanic or Latino</b>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	<b>White (not Hispanic or Latino)</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	<b>Black or African American (not Hispanic or Latino)</b>	A person having origins in any of the black racial groups of Africa.
	<b>Native Hawaiian or Pacific Islander (not Hispanic or Latino)</b>	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>Asian (not Hispanic or Latino)</b>	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.
	<b>American Indian or Alaskan Native (not Hispanic or Latino)</b>	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.
	<b>Two or More Races (not Hispanic or Latino)</b>	All persons who identify with more than one of the above races.
	<b>I do not wish to Self-Identify</b>	

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## Invitation to Self-Identify-Part 2

Because we do business as a government contractor, we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, which requires government contractors take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Force service medal veterans.

**Please check the appropriate boxes below:**

<b><u>Select</u></b>	<b><u>Veteran Status</u></b>	<b><u>Description</u></b>
	<b>Disabled Veteran</b>	A veteran in the US military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs <u>or</u> A person who was discharged or released from active duty because of a service-connected disability.
	<b>Recently Separated Veteran</b>	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US Military, ground, navel, or air service.
	<b>Armed Forces Service Medal Veteran</b>	Any veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
	<b>Active Duty Wartime or Campaign Badge Veteran (Other)</b>	A veteran who served on active duty in the US military, ground, naval, or air service during a war or in campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
	<b>I am not a protected veteran.</b>	

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: