

## ARVISO CONSTRUCTION COMPANY, INC. P.O. BOX 441, FT. WINGATE, NM 87316

## **EMPLOYMENT APPLICATION**

Arviso Construction is an equal employment opportunity employer. This application is valid for 60 days,

Arviso is an At-Will Employer. Completing an employment application does not guarantee employment. All job offers are conditional on applicant passing a pre-employment drug and alcohol screening.

## PLEASE COMPLETE ALL SECTIONS

APPLICANT INFORMATION									
Name:					Date:				
Position Applied For:		Desired Salary:							
Home Phone:	Other Phone:		Best Time to Call:						
Address:		City:		State:	Zip:				
How were you referred to Arviso:	Have you ev		orked at Arvi	so before? ( ) Yes ( ) No					
Do you have any friends, relatives or acquaintances working for Arviso? ( ) Yes ( ) No If yes, state name and relationship?									
If hired, on what date can you start working?		Are you available to work overtime? ( ) Yes ( ) No							
Circle days you are available to work: Mon Tues Wed Thurs Fri Sat Sur			Are you available to work weekends? ( ) Yes ( ) No						
If hired, will you have transportation to/from work? ( ) Yes ( ) No			Are you available to work nights? ( ) Yes ( ) No						
Are you over the age of 18? ( ) Yes ( ) No If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.? ( ) Yes ( ) No									
If offered employment, are you willing to submit to and pass a controlled substance test? ( ) Yes ( ) No									
If yes, explain?  (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)									
Do you speak, write or understand any foreign languages? ( ) Yes ( ) No If yes, which language(s) and how fluent are you?									
EDUCATION AND / OR RELATED TRA	AINING								
Please list any schooling you have had that is relevant to the position you are applying for:									
Name of School:		Did you graduate?	( ) Yes ( ) No	Degree / Diplom	na:				
Name of School:	[	Did you graduate?	( ) Yes ( ) No	Degree / Diplon	na:				
Please list any special skills, licenses, certifications, training, awards, etc. you have received that are relevant to the position you are applying for:									
ESSENTIAL FUNCTIONS									
Essential functions for field-type positions with arviso const. Include standing or walking most of the time, with bending, stooping, squatting, twisting, and reaching; frequent lifting of 10-25 pounds with regular heavy lifting over 25 pounds, often combined with bending, twisting, or working on irregular surfaces; and occasionally requires extraordinary physical activity.									
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ( ) Yes ( ) No If no, describe the functions that cannot be performed:									

EMPLOYMENT HISTORY - PLEASE LIS	ST MOST REC	ENT EMPLO	YER	FIRST							
Name of most recent employer:			Phone:								
Address:		City			State		Zip:				
Position:	Dates of Employment: Start: End:			Supervisor's Name:							
Duties, skills, equipment used:											
Reason for Leaving?		May we contact this employer? ( ) Yes ( ) No									
Name of previous employer:				Phone:							
Address:	City			State:		Zip:					
Position:	Dates of Emplo	loyment: Sup End:			Supervisor's Name:						
Duties, skills, equipment used:											
Reason for Leaving?				May we contact this employer? ( ) Yes ( ) No							
Name of previous employer:				Phone:							
Address:		City:	/:		State:		Zip:				
Position:	Dates of Employment: Start: End:			Supervisor's Name:							
Duties, skills, equipment used:											
Reason for Leaving?	May we co	lay we contact this employer? ( ) Yes ( ) No									
MILITARY SERVICE											
Branch:	Branch:			From:		То:					
Rank at Discharge:				Type of Discharge:							
If other than honorable, explain:											
REFERENCES											
List below three persons who have knowledge Include professional references only.	of your work pe	rformance withi	n the	last four (	4) years.						
Name:	Phone:		Occupation		ation:		Number of years known?				
Name:	Phone:		Occupation:				Number of years known?				
Name:	Phone:		Occupation		pation:		Number of years known?				
DISCLAIMER AND SIGNATURE											
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of my payment of my wages and salary, be terminated at any time without any previous notice.											
Signature:				Date:							

## **Affirmative Action Data Sheet**

It is the policy of Arviso Construction Company, Inc. to provide equal employment opportunities to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled Veteran or Vietnam era veteran status. This information is voluntary and will be kept confidential. A decision not to provide this information will not affect consideration of your application or subject you to adverse treatment. Please complete this sheet and attach it to the employment application. This information will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.

Arviso Construction Company is an equal opportunity employer and does not discriminate against any person because of age as defined by law, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status.

<u>American Indian or Alaska Native</u> – All persons having origins in any of the original peoples of North America and who maintain a cultural identification through tribal affiliation or community recognition.

<u>Asian or Pacific Islander</u> – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.

Black (not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

<u>Hispanic</u> – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

<u>White (not of Hispanic origin)</u> – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

<u>Disabled Individual</u> – A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. Disabled or Vietnam Era Veteran – Persons qualify as (1) disabled veterans if they have a 30 percent or more disability or were discharged or released from active duty because of a service connect disability, or (2) any part of whose active military service was during the Vietnam era.

(Note: Members of groups who are not U.S. Citizens or permanent residents of this country are not considered American minorities. They may, however, still be protected by laws prohibiting discrimination based on national origin.)