



# PETERSON CONTRACTORS, INC.

104 Blackhawk – P.O. Box A – Reinbeck, IA 50669

## APPLICATION FOR EMPLOYMENT



Note: None of the information requested will be used to discriminate against any individual for any reason prohibited by law. Federal and state law prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

Date:

Location:

**Please answer all questions. If question does not apply, mark "N/A"**

Notice to Applicants

If you become an employee of this company, you will be expected, by Company Safety Policy, to wear the authorized personal protective Safety Equipment, Hard Hats, Safety Glasses, Respirators, Etc. Failure to follow the Company Safety Rules will result in disciplinary action and possible dismissal

Position Desired: (Must state a specific position.)	
Name:	Social Security Number:
Have you ever used a name other than that shown above? If so, list name and dates used.	
Have you ever used another social security number? If so, list name and dates used.	
Present Address:	Telephone Number:
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Dates of active duty: From _____ To _____	
On what date would you be available for work? Wage desired: Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job required it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Out of Town? <input type="checkbox"/> Yes <input type="checkbox"/> No      Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Give date: Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the last 7 years or are charges pending against you for which you could be imprisoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain:	

## Instructions to Applicant

1. List employment history for at least 10 years. All time must be accounted for (explain and gaps in employment).
2. If former employer is out of business, furnish name and phone number or address of person who can verify your employment.
3. If self-employed, furnish name, phone number or address of a non-relative who can verify employment.

MAY WE CONTACT YOUR CURRENT EMPLOYER TO VERIFY THIS INFORMATION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	
<b><u>Name:</u></b>		From:	Positions held & Duties performed:
Street Address:		To:	
City, State, Zip:		Starting Salary:	Reason for Leaving:
Supervisor:	Telephone Number:	Ending Salary:	

## CERTIFIED DRIVER APPLICATION

The following information is necessary for us to request information concerning your driving record as required by Company policy

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please indicate state: License Number: Expiration Date:	Date of Birth:
Do you have a valid Chauffeur's or CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please indicate state: License Number: Expiration Date:	

Have you been involved in or charged with the following in the past five (5) years? If so, list number of involvements or charges?

Accidents Involving Motor Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Major moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Hit & run, leaving the scene of an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Driver under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Any felony, homicide or manslaughter involving the use of motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Racing or excessive speeds? (20 mph over limit)	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Reckless, negligent, or careless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
License suspension or revocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Speeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:
Other moving violations? List Violation:	<input type="checkbox"/> Yes <input type="checkbox"/> No Number:

### DRIVER RELEASE

In connection with any job offer for employment with Peterson Contractors, Inc., I understand that an investigation consumer report is being requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employer. Further, I understand that you will be requesting information concerning my driving record and/or information from various federal, state, and other agencies including current and previous employer(s) which maintain records concerning traffic offenses, accidents, Etc., concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PETERSON CONTRACTORS, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Print Name:  
 Social Security Number:

---

Applicant's Signature

Date

	Name and Location	Dates		GRADUATE YES or NO	Major Subject & Hrs. Completed	Minor Subject & Hrs. Completed	GPA
		To	From				
High School(s)					xxx	xxx	xxx
College				DEGREE	xxx	xxx	
Tech., Etc.							

References: Not related to applicant

Name:	Address:	Town:	Zip:
Name:	Address:	Town:	Zip:
Name:	Address:	Town:	Zip:

**NOTICE: In compliance with PUBLIC LAW 91-508 and other applicable Statutes**

You are hereby notified that in connection with this application an investigative consumer report including information as to your character, employment history, educational background, general reputation, personal characteristics and mode of living may be procured by the company. Upon written request made by you to the company, the company will inform you, within five business days of receipt of your request, whether or not such investigative consumer report has been requested and, if so, provide you with the name, address, and telephone number of the consumer reporting agency making such a report. You may request and promptly receive from the consumer reporting agency copies of any such investigative consumer report, if required by law.

**IMPORTANT - PLEASE READ CAREFULLY**

I certify that the information supplied by me in this application is true, and I understand that any misrepresentation or the omission of any material facts shall be sufficient grounds for my discharge at any time during my employment. I authorize the company to verify and investigate, at its discretion, the information contained herein and make sure further investigation as it deems proper with respect to my employment history, work habits job performance, educational background, reputation, whether the same is of written record or not; and I authorize my current and previous employer(s) and all persons whomsoever to furnish such information, and release them from any damage on account of furnishing said information. I acknowledge that I have read the notice in compliance with Public Law 91-508 printed above.

I consent to undergo a physical examination which will include a drug/alcohol screen, and hereby authorize the examining physician and any laboratories to release the results of the examination to Peterson Contractors, Inc.

Theft, dishonestly and intimidating acts against other Peterson Contractors, Inc. employees will not be tolerated by Peterson Contractors, Inc. and may be sufficient grounds for immediate dismissal.

If I am hired, I agree to conform to the rules and regulations of Peterson Contractors, Inc. and my employment and compensation can be terminated, with or without cause by either the company or myself at any time. I understand that no manager or representative of Peterson Contractors, Inc other than a member of the Board of Directors, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that such agreement must be in writing and signed by a member of the Board of Directors and me.

I agree that a photocopy of this signed application shall have the effect of an original.

---

Date Applicant's Signature

**FOR OFFICE USE ONLY**

\_\_\_\_\_ ACTIVE FILE      \_\_\_\_\_ Inactive File

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Foreman's Signature: \_\_\_\_\_

# Voluntary Survey

Peterson Contractors, Inc. is required by state and federal law to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. If you are offered employment with Peterson Contractors, Inc., it will not be used as employment criteria. Peterson Contractors, Inc. is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

Name:

Phone:

Address:

Date:

Position Applied For:

Referral Source: How did you learn about this position?

- Advertisement
- Friend
- Relative
- Walk In
- Employment Agency (give name)
- Other (list source)

**Sex:**

- Male  Female

**Ethnic Origin:**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other                          |

**Check any of the following that are applicable:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Vietnam Era Veteran     | <input type="checkbox"/> Disabled Veteran           | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Recently Separated Veteran |  |

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Peterson Contractors Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Peterson Contractors Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*



# PETERSON CONTRACTORS, INC.

104 Blackhawk – P.O. Box A – Reinbeck, IA 50669

Phone: 319-345-2713 Fax: 319-345-2113

**HEAVY & HIGHWAY CONTRACTORS**



---

## **NOTICE FOR ALL EMPLOYEES AND APPLICANTS**

### **OPERATING STATEMENT**

It is the policy of Peterson Contractors, Inc. (herein after referred to as the Company) to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, disability or any other classification protected by federal, state or local laws. Such action shall include: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship, pre-apprenticeship and/or "on-the-job" training.

### **APPOINTMENT EEO/AA OFFICER**

The Company EEO/AA Officer is Mark E. Peterson. His assistant is Lauren J. Call. These EEO/AA representatives shall have the responsibility for and be capable of effectively administering and promoting the Company EEO/AA program. They shall be assigned adequate authority and responsibility to do so.

### **TRAINING AND PROMOTION POLICY**

The Company has an informal and a formal "on-the-job" training and promotion program. The purpose is to recruit and train the disadvantaged and inexperienced employee, minority persons and women in our vocation of heavy and highway construction. To qualify as a prospective trainee the employee must be in good standing and have supervisory recommendation. For information regarding training in a specific area you may request a training program outline from the payroll department. The contact persons at the Reinbeck Office (319-345-2713) are Donna Eberline @ ext. 213 and Cindy Olson @ ext. 101. New hires are recommended for enrollment in a training program unless their field talent demonstrated during the first 30 days of employment is adequate to justify Journeyman pay.



The informal training program also provides "on-the-job" training for the employee who desires promotion and betterment of his/her present position. An enrolled trainee will advance through the informal training process by accumulating an agreed number of "on-the-job" hours. Early advancement or completion of the training period is recommended by supervisory personnel and approved by management. If the trainee has not completed training in a one-year period a consultation between his/her immediate supervisor, management and the trainee will determine completion or additional training goals if necessitated.

The formal training program offered jointly by The Iowa Department of Transportation (IA DOT) and the Associated General Contractors of Iowa (AGC) is referred to as the Highway Industry Training (HIT) Program. This program is available to all employees. It consists of a specific number of "on-the-job" training hours plus 20 hours of classroom that includes CPR, first-aid and flagger training. The AGC administers this program but reports to the IA DOT. The program costs may be shared by the employer and the employee depending on the type of classroom training hours.

Currently the Company offers training programs in the following areas: Highway and Bridge Carpenters, Roller Operator, Bulldozer, Front-End Loader Operator, Articulated Off-Road Hauler, Backhoe and "Rough" Grade Motor Patrol Operator. The Company will assure that all training and promotions are open to all employees, without regard to race, religion, sex, color, national origin, age, disability or any other classification protected by federal, state or local laws. The Company will assess and evaluate the training and promotion opportunities for any interested employees through a periodic performance review. Performance review forms are readily available at the Reinbeck office and employees are reminded of this at the annual employee meeting. The employee can complete this form to request a confidential performance review.

### **E-Verify**

U.S. law requires companies to employ only individuals who may legally work in the United States - either U.S. citizens, or foreign citizens who have the necessary authorization. E-Verify is an internet-based system that allows businesses to determine the eligibility of our employees to work in the United States. All new hires must provide the necessary documents to prove citizenship prior to starting work for Peterson Contractors, Inc. Please ask your foreman about E-Verify or contact Cindy Olson @ ext. 101 or Donna Eberline @ ext. 213.



Get credit for the hires you make in a hassle-free way.

### **Thanks for applying at Peterson Contractors Inc.!**

We have partnered with HireCredit to qualify employees for a tax credit program, the Work Opportunity Tax Credit (WOTC). WOTC is a Federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced barriers to employment.

To determine eligibility for the credit, we'll ask you some questions such as your employment status, whether you've received financial assistance from the government, and whether you're a veteran.

Your participation is completely voluntary, but strongly encouraged. Please answer all questions honestly and accurately. To complete the survey, scan the QR code or visit the URL.

### **HireCredit Survey:**

**<https://bit.ly/2A4ZeO9>**



If you have any questions, you can reach out to the HireCredit support team!

**Customer Support:**

a. 8335 Allison Pointe Trail, Suite 190 w. HireCredit.com e. support@hirecredit.com