

APPLICATION FOR EMPLOYMENT Office Team

Thomas-Grace is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

PERSONAL INFORMATION:

| Name: | | | | Date: | | |
|--------------|--------------------------|----------------------|------------------------------|----------------------|----------|--|
| | (Last) | (First) | (Middle) | | | |
| Address: | | | | | | |
| City: | | State: | Zip: | Phone: | | |
| E-mail add | dress: | | | | | |
| APPLICAI | | | | | | |
| Position a | pplying for: | S | alary desired: | Date Availab | le: | |
| If hired, ca | an you provide docume | ents required to est | ablish your eligibility to v | work in the U.S.? | Oyes Ono | |
| Do you ha | ve a valid Class D drive | er's license? OYes | ΟΝΟ | | | |
| How were | you referred to Thom | as-Grace? _ | | | | |
| Are you cı | urrently employed? C | Yes Ono | If so, may we contact yo | ur current employer? | Oyes Ono | |

EDUCATION HISTORY:

| | | No. of Years | Degree or | |
|----------------------|------------|--------------|-----------------|--|
| Name a | Completed: | Diploma | Course of Study | |
| High School or last | | | | |
| grade completed | | | | |
| College or Technical | | | | |
| School | | | | |
| | | | | |
| Other Schooling or | | | | |
| Training | | | | |
| | | | | |





List positions starting with most recent:

| Name & Address of Employer | Telephone | Position Title | Dates Employed (Month and Year) | Salary | Reason for Leaving |
|----------------------------|-----------|-------------------|--|--------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

MILITARY EXPERIENCE:

| Branch of Service: | From: | То: | | | |
|------------------------------|-------|-----|--|--|--|
| Rank/Type of Service: | | | | | |
| | | | | | |
| Special Training/Experience: | | | | | |

GENERAL SKILLS:

Please indicate your experience or level obtained in each of the following areas. You may add comments that may help further explain your skills:

| Construction Technical Skills | | | | | |
|-------------------------------|------------|-----------|---|--|--|
| None | Limited | Extensive | | | |
| 0 | 0 0 0 | | Understands and can interpret blueprints and as-builts: | | |
| 0 | 0 0 0 | | Understands, qualifies and adheres to required construction specifications: | | |
| 0 | 0 0 | | Understanding of building and governing construction codes: | | |
| | Job Safety | | | | |
| No | | Yes | | | |
| 0 | | 0 | Has current CPR certification: | | |
| 0 | | 0 | Has current First Aid certification: | | |
| 0 | 0 | | Has OSHA 10 hour training: | | |
| 0 0 | | 0 | Has equipment training for forklift and scissorlift operation: | | |

CONSTRUCTION SERVICES

Other Area of Special Skills or Training

DMAS

RETAIL SOLUTIONS

WORK-RELATED REFERENCES: (Do not include relatives)

| | Name | Occupation | Years Known | Contact Information |
|----|------|------------|-------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Thomas-Grace Construction, Inc. (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____