

EEO Information Collection Form

Last Name _____ First Name _____ MI _____

Social Security Number _____ - _____ - _____ Application # _____

Date ____ / ____ / ____

Voluntary information

Providing any information on this form is voluntary. No actions will be taken for failure to complete this form. This will not be a factor in determining employment, conditions of employment or continuing employment. The following information is gathered to comply with record keeping and reporting for **federal and state laws**.

Referral Source Position applied for _____

How did you learn about a position at Brink Electric Construction?

___ Walk in

___ Employee Referral (name of Brink employee _____)

___ Government Employment Agency

___ Advertisement Source (newspaper...) _____

___ School- Source _____

___ Other _____

Please check one

___ White (not of Hispanic origin)

___ Black (not of Hispanic origin)

___ Alaskan Native / American Indian

___ Asian / Pacific Islander

___ Hispanic

Please check one

___ Male

___ Female

Please check all that apply

___ **Special Disabled Veteran**

___ **Vietnam Era Veteran**

___ **Other Eligible Veteran**

Thank you for your time. Brink Constructors, Inc.

Brink Constructors, Inc.

P.O. Box 1186 Rapid City, SD 57709
 (605) 342-6966 Fax (605) 342-5905

We are an equal opportunity employer

Application for Employment

Application No. _____ - _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status. This application form is considered current for **30 business days** only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

(please print- do not type)

LAST NAME	FIRST NAME	MIDDLE
POSTION (S) APPLIED FOR	EXPECTED RATE OF PAY	DATE OF APPLICATION

PERMANENT ADDRESS (street and or PO Box)

CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CELL PHONE NUMBER	SOCIAL SECURITY NUMBER
		-- --

EMAIL ADDRESS

--	--

EMERGENCY CONTACT

Name	Relationship		
Address	City	State	Zip
Telephone Number(s)			

____ YES ____ NO Are you 18 years of age or older? If not, list your current age _____.

____ YES ____ NO Have you ever filed an application with us before? If yes, give date _____.

____ YES ____ NO Have you ever been employed with Brink Electric or Brink Constructors before?

____ YES ____ NO Are you currently employed?

____ YES ____ NO May we contact your present employer?

____ YES ____ NO Can you provide proof of your eligibility to work in the United States?

Are you available to work _____ Full Time _____ Part Time _____ Temporary Employment

On what date are you available to start work? _____

____ YES ____ NO Have you ever been involuntarily terminated from a previous employer?

____ YES ____ NO Can you travel or relocate if a job requires it?

____ YES ____ NO Are you physically and otherwise able to perform the duties of the job of which you are applying?

____ YES ____ NO Have you been convicted of a felony within the last 7 years?

If yes, please explain

____ YES ____ NO Do you have a valid driver's license?

____ YES ____ NO Do you have a Commercial Driver's License?

____ YES ____ NO If yes, are you over the age of 21 and able to operate Interstate?

LICENSE NUMBER	EXPIRATION DATE	STATE	RESTRICTIONS

TYPE OF DRIVER'S LICENSE

Check all applicable

<input type="checkbox"/>	1	CAR/TRUCK	<input type="checkbox"/>	T	DOUBLE/TRIPLE TRAILERS
<input type="checkbox"/>	2	CAR/TRUCK/MOTORCYCLE	<input type="checkbox"/>	P	PASSENGERS
<input type="checkbox"/>	3	MOTORCYCLE	<input type="checkbox"/>	N	TANK VEHICLES
<input type="checkbox"/>	A	COMBINATION VEHICLE OVER 26,001	<input type="checkbox"/>	H	HAZARDOUS MATERIALS
<input type="checkbox"/>	B	HEAVY STRAIGHT VEHICLE OVER 26,001	<input type="checkbox"/>	X	COMBINATION TANK AND HAZARDOUS
<input type="checkbox"/>	C	COMMERCIAL UNDER 26,001	<input type="checkbox"/>	S	SCHOOL BUS

EDUCATION

HIGH SCHOOL

UNDERGRADUATE
College/University

GRADUATE
Professional

School name and location			
Years Completed			
Diploma/Degree			
Describe course of study			
Describe any specialized training, apprenticeships, skills and extracurricular activities			
Describe any honors you have received			
Summarize special job related skills and qualifications acquired from employment or other experiences			

List professional, trade, business or civil activities and offices held

Do you hold any Electrical Licenses? ____ YES ____ NO

If yes, State _____ Number _____

EMPLOYMENT EXPERIENCE

Start with your **present or last job**. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, religion, gender, national origin, handicaps or other protected status.

Employer	<u>Dates</u> From	<u>Employed</u> To	Work Performed
Address		Telephone Number (s)	
Job Title	<u>Hour/Rate</u> Start	<u>Salary</u> Final	Supervisor
Reason for Leaving			

Employer	<u>Dates</u> From	<u>Employed</u> To	Work Performed
Address		Telephone Number (s)	
Job Title	<u>Hour/Rate</u> Start	<u>Salary</u> Final	Supervisor
Reason for Leaving			

Employer	<u>Dates</u> From	<u>Employed</u> To	Work Performed
Address		Telephone Number (s)	
Job Title	<u>Hour/Rate</u> Start	<u>Salary</u> Final	Supervisor
Reason for Leaving			

REFERENCES

Give name, address and telephone numbers of three references **who are not related to you and are not previous employers**.

1. _____

2. _____

3. _____

Applicant's Statement

At-Will Statement: I understand that if I am employed by Brink Constructors, Inc., the company or I can terminate employment at any time, for any reason, or for no reason. This includes termination with or without cause and with or without notice.

I authorize investigation of all the statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I grant my prospective employer full authority to verify any of this information, including but not limited to, driver motor vehicle record, worker's compensation, criminal history, medical records, index and registry files. The verification sought may reside in state, other public or private entities. Brink Constructors, Inc. will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Brink Constructors, Inc. has a Drug Free Awareness Program and Policy. I understand and give consent to Brink Constructors, Inc. for any random, post accident, pre-employment, for cause or reasonable suspicion drug testing.

I certify that the answers given on this application and any interviews are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all the rules and regulations of Brink Constructors, Inc. I understand that this application is not intended to be a contract of employment.

Signature of Applicant _____ **Date** _____
