

JOB APPLICATION
Heels & Hardhats Contracting Corp.
PO Box 480 / Byron, IL 61010
815-738-2222

Heels & Hardhats Contracting Corp. is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below:

APPLICANT INFORMATION

Date of Application: _____
Applicant Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Number: _____ Mobile Number: _____
Email Address: _____

EMPLOYMENT POSITION

Position Applying For: _____
Are you a Union Member – if so what Union & #: _____
How did you hear about this position? _____
What days are you available to work?
Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday
What hours or shifts are you available to work? _____
If needed, are you available to work overtime? _____
On what date can you start work if you are hired? _____
Do you have RELIABLE transportation to and from work? _____

PERSONAL INFORMATION

Do you have any friends, relatives, or acquaintances working for Heels & Hardhats Contracting Corp.?Yes No

If yes, state name & relationship: _____

Are you 18 years of age or older?Yes No

Are you a U.S. citizen or approved to work in the United States?Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?Yes No

Do you have any condition which would require job accommodations?Yes No

If yes, please describe accommodations required below

Note: Heels & Hardhats Contracting Corp. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

JOB SKILLS / QUALIFICATIONS

Please list below the skills and qualifications you possess, *with expiration dates*, for the position for which you are applying: *(Circle All You Have)*

Valid Driver's License State	Valid Driver's License Expires:	Local Union #:	Dues Paid Current
Driver's License Class: D (Standard) M	Driver's License Class: CDL - A B C	Driver's License Class: Endorsements	AOC
Asbestos Awareness Worker	Asbestos Awareness Supervisor	Back Safety	Aerial Lift Training Boom Lift
Aerial Lift Training Scissor Lift	Burning	Concrete Tech	Equipment Test Out
Fall Protection	1 st Aid/CPR/AED	Flagger	Equipment Operation Forklift Class 4 Industrial
Equipment Operation Forklift Class 7 Rough Terrain	Equipment Operation Skid Steer	Equipment Operation Scissor Lift	GPS
HAZ COMMUNICATION	HAZ WHOPER 40hr	HAZ Waste Worker 80 hr (OSHA 2CFR 1910.120)	Hoisting & Rigging
Hydro-mobile	ICRA	Labor History 2	Lead-In: Construction
Lead Abatement Worker	Lead Abatement Supervisor	Lead RRP	Line & Grade
Mason Tending	OSHA 10	OSHA 30	Permit Required: Confined Space
Pipe Laying	Pipeline Technology	Pneumatic Tools	Print Reading
QC Testing	Rail Safe	Rescue Training	Respirator Training
Roadway Worker	Saw Cutting	Scaffold Builder	Scaffold Frame
Scaffold Suspension	Scaffold System	Scaffold Tech	Scaffold Tube & Clamp
Scaffold User	Signal Person Safety	Silica Awareness	Supervisor Training Program (Foreman/Gen. Foreman)
Trench Safety	Total Station	TWIC Card	Work Zone Safety 10hr (IDOT Flagger Certified)

EDUCATION / TRAINING

High School

Name _____ Location (city, state) _____

Year Graduated _____ Degree Earned _____

College/University

Name _____ Location (city, state) _____

Year Graduated _____ Degree Earned _____

Vocation School/Specialized Training

Name _____ Location (city, state) _____

Year Graduated _____ Degree Earned _____

Military

Are you a member of the armed forces? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

PREVIOUS EMPLOYMENT

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

REFERENCES

Reference: _____ Telephone #: _____

Reference: _____ Telephone #: _____

AT-WILL EMPLOYMENT

The relationship between you and Heels & Hardhats Contracting Corp. is referred to as (*employment at will*). This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Heels & Hardhats Contracting Corp. Not representative of Heels & Hardhats Contracting Corp. has authority to enter into any agreement contrary to foregoing (*employment at will*) relationship. You understand that your employment is (*at will*), and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated _____

EMERGENCY CONTACT

1. _____ Telephone #: _____

2. _____ Telephone #: _____