

Is there any reason why you will not be able to get to work regularly and on time?

() Yes () No

If yes, please explain: _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? () Yes () No

May we contact your present employer? () Yes () No

Previous employers? () Yes () No

Please identify any exceptions and reasons for not contacting. _____

Have you ever been dismissed or forced to resign from any employment? () Yes () No

If yes, identify employer's name(s) and relevant dates. _____

Except for vacations and holidays, how many work days were you absent during the past calendar year?

() 0 - 5 () 5 - 10 () 10 - 15 () 15+ days

Comments: _____

If requested, are you willing to work any of the following:

Weekends Holidays Nights Overtime

Have you been shown a list of or advised of the essential functions of the job for which you have applied? () Yes () No

Can you perform the essential duties of the type of work for which you are applying? () Yes () No

If no, are there accommodations that would permit you to perform the essential duties? () Yes () No

If yes, what accommodations would you require? _____

EDUCATION

	Name	City / State	Diploma Yes/No	Dates Attended	Major or Course of Study
High School					
Technical / Business School					
College / University					
Post-Graduate Education					
Other					

SKILLS AND ABILITIES

Indicate below any job skills you have acquired and indicate time spent in each area (years, months, weeks).

SKILLS

HOW MUCH TIME

Typing Speed (WPM): _____

Customer Service	() Yes	() No	_____
Basic Computer	() Yes	() No	_____
Record Keeping:	() Yes	() No	_____
Cash register	() Yes	() No	_____
Calculator/Adding Machine	() Yes	() No	_____
Phone/Fax	() Yes	() No	_____
Other: _____			_____

Please list any special training or additional skills that you feel would assist you in performing the job for which you are applying:

EMPLOYMENT HISTORY

In the following spaces, provide a record of your employment history, or attach your preprinted resume. Begin with your current employment and work back through the last three companies with which you were employed.

_____	From: _____ To: _____
Place of Employment	Dates of Employment:

Address	Phone: () _____

City, State, Zip	

Immediate Supervisor	

Position & Duties	

Reason for Leaving	

Place of Employment _____ From: _____ To: _____
Dates of Employment: _____

Address _____
City, State, Zip _____ Phone: () _____

Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

Place of Employment _____ From: _____ To: _____
Dates of Employment: _____

Address _____
City, State, Zip _____ Phone: () _____

Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

Place of Employment _____ From: _____ To: _____
Dates of Employment: _____

Address _____
City, State, Zip _____ Phone: () _____

Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

References:

Please list 3 references that know you either professionally or personally that are not already listed above. Please do not list family members:

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

How do you know this person? _____

Years Known: _____ e-mail: _____

Do you know any current or former employees with Laverdiere Constructions, Commercial Rental or LCI Concrete? _____ If so, please list below:

_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT INQUIRY RELEASE

In consideration for employment or promotion with Commercial Rental, a Division of Laverdiere Construction, Inc., we may, on our behalf, make inquiries including, but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employment.

In compliance with the Americans with Disabilities Act, only after a contingent offer of employment, will your worker's compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained. In that event, we will provide a copy of the report we receive and the FTC notice, "*A Summary of Your Rights Under the Fair Credit Reporting Act*".

Please complete the information below and sign the form authorizing, without reservation, any party including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by us to furnish any or all of the above listed information. Your authorization releases us from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

You will be given a copy of this completed notice verifying that a consumer report may be obtained for employment purposes. Please retain it for your records.

Please complete the following information. Print legibly.

PRINT FULL NAME	_____		
SOCIAL SECURITY #	_____	DATE OF BIRTH*	_____
STREET ADDRESS	_____		
CITY, STATE, ZIP	_____		
DRIVERS LICENSE #	_____	STATE	_____
APPLICANT SIGNATURE	_____	DATE	_____

**Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.*

READ THIS CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that employment is contingent upon the background inquiry. Incomplete, false or misleading statements shall prevent my application from receiving further consideration, and, if discovered after I am employed, shall be considered sufficient cause for dismissal.

If required, I will submit to a pre-employment physical examination. I will comply with the Company's Substance Abuse Program by submitting to drug and alcohol testing both at pre-employment and random notice. I acknowledge that a positive drug/alcohol test result is sufficient reason for refusal to hire or to terminate employment. Further, I release this Company, including its agents, employees, physicians, representatives and attorneys from all liability in connection with the physical examination and/or drug/alcohol testing.

I also understand that, if employed, I may be placed on probationary status initially; employment is for no definite period of time; my position may be terminated at any time without notice; the Company has rules, regulations, policies and procedures that I will be expected to follow; salary and benefits will conform to the Company's standards; and terms of employment can only be modified by the Company President or his designee.

Date: _____

Applicant's Signature: _____

COMMERCIAL RENTAL
A Division of Laverdiere Construction, Inc.
9965 US Hwy 136, Macomb, IL 61455
(309) 837-1257 / FAX: (309) 836-6004
E-Mail: commrent@lavconinc.com

MECHANIC APPLICATION

1. Please show below your years of experience in each category:

General Mechanic: _____
Agriculture Equipment: _____
Construction Equipment: _____
Diesel: _____
Dump Trucks: _____
Hydraulics: _____
Electrical Systems: _____
Transporting Equipment: _____
Welding: _____
Steel Fabrication: _____
Other: (Please explain): _____

2. Have you had any training (education) in any of the above categories? If so, please explain.

3. Do you have the hand tools normally required of a Mechanic? _____ Yes _____ No

4. Please list below any other tools you have that would help you in this position.

5. Rate the following areas on a scale of 1 - 10, 10 being the strongest.

_____ Dependability
_____ Hard worker
_____ Efficient worker
_____ Amount of supervision required
_____ Ability to follow instructions

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SMALL ENGINE MECHANIC APPLICATION

1. Please show below your years of experience in each category. Rate your proficiency using a rating of 10 for top-knowledge and 1 for no-knowledge.

<u>Yrs of Exp.</u>	<u>Category</u>	<u>Proficiency</u>
_____	Small Engines Repairs	_____
_____	Small Hand Tool Repairs	_____
_____	Car & Pick-up Truck Repairs	_____
_____	1-2 Ton Truck Repairs	_____
_____	Hydraulic System Repairs	_____
_____	Electrical Diagnostic Systems & Repairs	_____
_____	Estimating Repair Costs	_____
_____	Computer System Diagnostics & Repairs	_____
_____	Other: (Please explain)	_____

2. Have you had any training and/or certifications (education) in any of the above categories? If so, please explain.

3. Do you have a full set of hand tools normally required of a Mechanic? _____ Yes _____ No

4. Please list below any other tools you have that would help you in this position.

5. Rate the following areas on a scale of 1 - 10, 10 being the strongest.

_____ Dependability

_____ Hard worker

_____ Efficient worker

_____ Amount of supervision required

_____ Ability to follow instructions

6. Explain why and how you would be good when working in the position of Small Engine Mechanic:

LETTER TO TRUCK DRIVER APPLICANTS

Company's Drug and Alcohol Testing Program

Effective Date: 8/1/2001

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Every employee and applicant should understand those dangers and be aware of the federal requirements and state guidelines concerning substance abuse in the workplace. COMMERCIAL RENTAL a Division of LAVERDIERE CONSTRUCTION, INC. is committed to creating and maintaining a workplace free of substance abuse.

To this end, COMMERCIAL RENTAL a Division of LAVERDIERE CONSTRUCTION, INC. (also referred to as "LAVERDIERE CONSTRUCTION" or "Company") has developed a policy in conformity with Department of Transportation (DOT) Drug and Alcohol Testing Program Regulation 49 CFR Part 40 and Federal Motor Carriers Safety Administration (FMCSA) Regulation 49 CFR Part 382, which will apply to both DOT and Non-DOT employees.

Employees whose job duties may or may not require them to possess a valid Commercial Driver's License (CDL) and perform safety-sensitive functions regulated by a DOT Agency Regulation are subject to the DOT testing regulations and Company *Policy*. Federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

The purpose of this policy is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by employees covered by this policy.

An employee whose conduct violates this substance abuse policy will be subject to discipline up to and including termination and will conform with applicable state or local laws and regulations, as well as any other applicable written agreements or guidelines.

We believe that the benefits derived from the policy objectives outweigh the potential inconvenience to employees, and we earnestly solicit the understanding and cooperation of all employees in implementing this policy.

COMMERCIAL RENTAL
a Division of
LAVERDIERE CONSTRUCTION, INC.

COMMERCIAL RENTAL
a Division of Laverdiere Construction, Inc.
Pre-Employment Substance Testing
Receipt of Policy Statement
Permission Form (DFW02) (FMCS)

I certify that I have been given a copy of COMMERCIAL RENTAL, a Division of LAVERDIERE CONSTRUCTION, INC.'s Drug and Alcohol Testing Program Policy Statement ("Policy"), and that I have read it. I freely and voluntarily give my permission to submit to urinalysis and/or other screening or tests as shall be determined by the Company, under its administration of applicable regulations of the U.S. Department of Transportation(DOT), including 49 CFR Part 40 and 49 CFR Part 382, Company Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, if any, in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opiates
6. Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under Company Policy as set forth in the Policy.

I further agree to and hereby authorize the release of the results of said test to LAVERDIERE CONSTRUCTION, INC. and to LAVERDIERE CONSTRUCTION, INC.'s Medical Review Officer and its Service Agents as provided in the Policy.

I understand that a negative test is a pre-condition of employment with COMMERCIAL RENTAL a Division of LAVERDIERE CONSTRUCTION, INC. and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the Company, if any.

MANDATORY DOT QUESTION:

During the past two years, have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

(circle one) **YES** **NO**

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and I have not been coerced into signing this document by anyone.

Applicant Print Name: _____ SS# _____

Applicant Signature: _____ Date: _____

Witness Printed Name: _____ Witness Signature: _____

COMMERCIAL RENTAL
a Division of Laverdiere Construction, Inc.
General Contractors
4055 W. Jackson Street, Macomb, IL 61455
(309) 837-1259 / Fax: (309) 836-6004
E-Mail: jmillers@lavconinc.com

Truck Driver QUALIFICATIONS:

1. Total number of years driving the following equipment, with efficiency?
 1. Tandem Dump _____
 2. Semi with Dump Trailer _____
 3. Semi with Low Boy _____
2. Do you have your current CDL? Yes ___ No ___
3. Do you have your current Medical Card? Yes ___ No ___
4. Rate the following areas on a scale of 1-10, 10 being the strongest.

Dependability: _____

Hard working _____

Efficient worker: _____

NOTE: The Commercial Rental, a Division of Laverdiere Construction, Inc. Truck Driver position consists not only of driving trucks but also maintaining, servicing and some repair of the trucks. Other duties involve maintenance of ready-mix trucks which includes drum cleaning and preparing for paint. Typical other duties also include forming and pouring excess ready mix into forms for blocks.

Are you prepared to fulfill these and other duties as assigned by management? _____