

James Hamilton Construction Co.

P. O. Box 1287, Silver City, New Mexico 88062

An Equal Opportunity Employer

**APPLICATIONS ARE VALID
FOR 30 DAYS ONLY**

EMPLOYMENT APPLICATION

POSITION	SPECIFIC POSITION BEING APPLIED FOR - CHECK ONLY ONE POSITION. List other skills on back in remarks section.				TODAY'S DATE	
	<input type="checkbox"/> LABORER	<input type="checkbox"/> MECHANIC/OILER	<input type="checkbox"/> CRUSHER/HOT PLANT	<input type="checkbox"/> FOREMAN	JOB LOCATION APPLYING FOR WORK	
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> TRAFFIC CONTROL	<input type="checkbox"/> SECURITY	<input type="checkbox"/> CLERK/SECRETARY**			
<input type="checkbox"/> TRUCK DRIVER	<input type="checkbox"/> QUALITY CONTROL	<input type="checkbox"/> SURVEYING	<input type="checkbox"/> OTHER _____			
IDENTIFICATION						
NAME IN FULL (First, Middle, Last)						
CURRENT MAILING ADDRESS (Street/PO Box, City, State, Zip Code)					HOW LONG AT CURRENT ADDRESS?	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE NUMBER		OTHER CONTACT PHONE NO.		REFERRED BY
EMPLOYMENT HISTORY						
COMPLETE THE INFORMATION REQUESTED BELOW FOR THE LAST THREE JOBS YOU HAVE HELD, MOST RECENT JOB FIRST						
COMPANY NAME		ADDRESS (City, State)		PHONE NO.	DATES EMPLOYED (Month/Year) From: To:	
SUPERVISOR'S NAME:		TYPE OF WORK		RATE OF PAY	REASON FOR LEAVING EMPLOYMENT	
COMPANY NAME		ADDRESS (City, State)		PHONE NO.	DATES EMPLOYED (Month/Year) From: To:	
SUPERVISOR'S NAME:		TYPE OF WORK		RATE OF PAY	REASON FOR LEAVING EMPLOYMENT	
COMPANY NAME		ADDRESS (City, State)		PHONE NO.	DATES EMPLOYED (Month/Year) From: To:	
SUPERVISOR'S NAME:		TYPE OF WORK		RATE OF PAY	REASON FOR LEAVING EMPLOYMENT	
HAVE YOU EVER WORKED FOR JAMES HAMILTON CONSTRUCTION CO. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, COMPLETE THE INFORMATION REQUESTED (Do not complete if information is already listed above.)						
SUPERVISOR'S NAME:		TYPE OF WORK		REASON FOR LEAVING	DATES EMPLOYED (Month/Year) From: To:	
ADDITIONAL INFORMATION						
HAVE YOU HAD SPECIALIZED CONSTRUCTION TRAINING OR MSHA NEW MINER TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PROVIDE DETAILS:						
DO YOU HAVE ANY SPECIAL QUALIFICATIONS FOR THE SPECIFIC POSITION YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PROVIDE DETAILS:						
TYPE OF DRIVERS LICENSE <input type="checkbox"/> OPERATOR <input type="checkbox"/> COMMERCIAL (CDL)		STATE LICENSE ISSUED BY		DRIVERS LICENSE NUMBER	DRIVERS LICENSE EXPIRATION DATE	
DRIVERS LICENSE CLASS				IF A COMMERCIAL (CDL) DRIVERS LICENSE, CHECK ALL ENDORSEMENTS YOU HAVE: <input type="checkbox"/> TANKERS <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> PASSENGERS <input type="checkbox"/> DOUBLES		
HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PROVIDE DETAILS:						
WOULD YOU RELOCATE TO OTHER COMPANY JOB SITES AWAY FROM THIS AREA IF THE COMPANY REQUESTED YOU TO TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL YEARS OF CONSTRUCTION EXPERIENCE:	
CAN YOU SAFELY AND PRODUCTIVELY PERFORM EACH OF THE FOLLOWING ESSENTIAL REQUIREMENTS OF THIS JOB (CONSTRUCTION WORK)?						
IF APPLYING FOR A CLERICAL POSITION, DO NOT COMPLETE THIS SECTION.						
<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK SAFELY IN RUGGED TERRAIN NEAR HEAVY EQUIPMENT, MACHINERY, TRAFFIC, OTHER EMPLOYEES, ETC.?					
<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU HEAR ONCOMING TRAFFIC, MOVEMENT OR EQUIPMENT, BACK-UP SIGNALS, VERBAL INSTRUCTIONS, ETC.?					
<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU DIG WITH A SHOVEL, LIFT ITEMS WEIGHING 75 LBS., BEND AND/OR SQUAT DOWN TO LOCATE PIPE OR OTHER MATERIALS IN PLACE, ETC.?					
<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU SAFELY WORK FULL DAYS EXPOSED TO THE WEATHER IN THE HEAT OF SUMMER OR THE COLD OF WINTER WHILE PERFORMING MANUAL LABOR?					
IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PROVIDE SPECIFIC DETAILS IN REMARKS SECTION ON REVERSE SIDE OF APPLICATION.						
COMPLETE THE QUESTIONS BELOW. IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PROVIDE SPECIFIC DETAILS IN REMARKS SECTION ON REVERSE SIDE.						
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF DRIVING WHILE INTOXICATED, RECKLESS OR CARELESS DRIVING IN THE LAST 5 YEARS?					
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A FELONY OR HIGH-CLASS MISDEMEANOR OR INCARCERATED IN THE LAST 5 YEARS?					
<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU CURRENTLY ABUSE ALCOHOL OR CONSUME IT EXCESSIVELY ON A REGULAR BASIS, OR DO YOU USE ILLEGAL DRUGS OR LEGALLY CONTROLLED SUBSTANCES?					

NOTE: ALL NEW HIRES MUST PASS A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST IF REQUIRED. ALL EMPLOYEES ARE SUBJECT TO RANDOM DRUG AND ALCOHOL TESTING.

PRINT CLEARLY - INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED

REMARKS

PROVIDE DETAILS FOR REQUESTED INFORMATION. IN ADDITION, PROVIDE ANY INFORMATION YOU FEEL WOULD HELP US EVALUATE YOUR WORK CAPABILITY.

(If additional space is required, attach information on a separate piece of paper.)

SIGNIFICANT CONDITIONS OF EMPLOYMENT SUMMARY

The following is a summary of significant conditions of employment with James Hamilton Construction Co. **Read each item carefully---any infraction of these rules may be cause for termination of employment at the sole discretion of the Company.** This application and related employment documentation are valid for employment with James Hamilton Construction Co. The term "Company" refers to the above-mentioned employer.

The Company often subcontracts with other contractors for work and the contract requires information regarding the Company's employees. I understand and agree that the Company may provide these contractors with any and all information required by the contractor, including but not limited to drug tests, driving records, employment application, safety violations, arrests, convictions or other law enforcement action, etc.

As a condition of employment I am required to submit to a drug and alcohol test. Passing the test does not guarantee employment. If the drug and alcohol test indicates drug use or an alcohol level exceeding the permissible limit, consideration for employment, or continued employment will immediately cease. The Company routinely conducts periodic drug and alcohol testing of employees. Refusal to submit to a drug and alcohol test during the course of my employment with the Company may result in disciplinary action, up to and including termination of employment.

I may be required to provide the Company with a current certified copy of my driving record before being hired. I also authorize the Company to periodically obtain copies of my driving record throughout the course of my employment with the Company. I understand that my current driving record may disqualify me from consideration for employment with the Company. If employed, I must immediately notify the Company if I receive a moving traffic violation. I also understand that I may be subject to disciplinary action, up to and including termination of employment if the violation, in the sole determination of the Company, exhibits unsafe driving practices which would not be consistent with providing a safe work environment.

I will be required to comply with all Company safety policies to ensure a safe and productive work environment. I will also be required to comply with all applicable federal and state regulations (OSHA, MSHA, EPA, etc.) I will also be required to comply with all rules and policies of the Company governing the conduct of its employees, including, but not limited to, policies prohibiting the use or possession of legally controlled substances, alcoholic beverages, firearms or weapons during working hours, at any Company work site or facility, or at any time while operating a Company-owned vehicle. Performance of any work while under the influence of legally controlled substances or alcohol is not permitted.

I authorize and release from liability the Company and/or its agents to investigate and/or verify any information as may be required in the employment process at any time and release information as needed to other parties, including, but not limited to, criminal history, motor vehicle driving records, employment history, educational history, etc. I authorize all persons, educational institutions, previous employers, law enforcement authorities, etc., to release any information concerning my background and hereby release such persons from any liability for any damage whatsoever for issuing this information. I agree that my employment is based upon the facts that I have given, and that any misrepresentation on my part, whether negligent or intentional, may be cause for discipline up to and including termination of employment, at the sole discretion of the Company. I understand that I will be required to complete the Department of Homeland Security Form I-9 Employment Eligibility Verification Form, and produce the required forms of identification within three (3) days of hire as a condition of my employment.

I agree that employment with the Company will be "At Will." This means that my employment with the Company will not be for any specific period of time, and that my employment may be terminated at any time, with or without cause, and with or without notice. I understand that no person or Company employee, other than the President of the Company in a formal written employment agreement, may make any express or implied contract to the contrary.

I certify that I have read each of the above items and agree to be bound by these conditions for the duration of employment with the Company.

Signature of Applicant: _____

DATE: _____

OFFICE USE ONLY

	DATE	ACTIONS TAKEN
RECEIVED BY	_____	_____
DATE	_____	_____
LOCATION	_____	_____
JOB NO.	_____	_____
STREET SMARTS APPLICANT #	_____	_____
ENTERED BY	_____	_____

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