



TWO STATE CONSTRUCTION COMPANY, INC.
P.O. DRAWER 239, THOMSON, GA 30824



THOMSON ROOFING AND METAL COMPANY
P.O. BOX 185, THOMSON, GA 30824

APPLICANT AND EMPLOYEE SELF-IDENTIFICATION DATA RECORD

Applicants are considered for all positions (and employees are treated during employment) without regard to race, color, religion, gender, national origin, age, veteran status, genetic information, mental or physical disability unrelated to job performance, or any other status protected under local, state, or federal laws.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

The data is for periodic government reporting and will be kept in a Confidential File.

(PLEASE PRINT) Date: _____

Name: _____

Address: _____

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. **Submission of this information is voluntary.**

Date of Birth: _____ Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic Other (Please specify): _____

Special Employment Notice to Recently Separated Veterans, Disabled Veterans, Other Protected Veterans, Armed Forces Service Medal Veterans and Individuals with Physical or Mental Handicaps.

Two State Construction Company, Inc. & Thomson Roofing and Metal Company (TS/TR) are government contractors subject to Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974, as amended, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires us to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era, and other covered veterans.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential except that: supervisors and managers may be informed regarding restriction on the work duties of covered personnel; first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; government officials investigating compliance with the Acts shall be informed. Submission of this information is voluntary and refusal to provide it will not jeopardize an applicant's consideration for employment, nor will it subject employees to discharge or disciplinary action.

Check if any of the following are applicable:

Qualified Disabled Veteran Recently Separated Veteran Other Protected Veteran Individual with Disability

Disability or disabling condition: _____

Accommodations requested: _____

Signature: _____ **Print Name:** _____ **Date:** _____



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EMPLOYMENT APPLICATION

Two State Construction Company, Inc. & Thomson Roofing and Metal Company (TS/TR) is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, veteran status, genetic information, mental or physical disability unrelated to job performance, or any other status protected under local, state, or federal laws.

Entire application must be completed and signed in order to be considered for employment.

What position are you applying for:	Date of Application:
How were you referred to our Company:	

Last Name:	First Name:	Middle Initial:
Street Address:	City:	State: Zip:
Telephone number(s):	Social Security # (Voluntary) and other name(s) known by:	

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you 18 years of age or older? YES NO

Have you ever been employed with TS/TR before? YES NO

If yes, give date(s) and reason for separation: _____

How did you hear about us? _____

Have you ever been convicted of a felony or violent crime? YES NO

If yes, give details, including date(s): _____

*A "yes" answer will not automatically disqualify you from employment eligibility. We will consider the nature and date(s) of the offense(s) and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

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

Are you able to work nights and weekends (if required)? YES NO

Are you able to work out of town or state if necessary? YES NO

Date Available to Work:	Desired Rate of Pay: \$ _____/hr. or \$ _____/week
Desired Status (Check one): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Internship	

EDUCATION

Education	Name & Location of School	Years Attended	Diploma/Degree Received
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High School			
College or University			
Trade School, Business, or Technical College			

EMPLOYMENT HISTORY

List last (3) employers, including periods of unemployment. Include any job-related military service assignments and volunteer activities.

From Month/Year	To Month/Year	Employer Name, Phone #, and Address:	May we contact: (circle one) Yes No
Job Title		Describe the type of work you performed and job responsibilities	
Supervisor's Name/Title		Reason for Leaving	Hourly Rate/Salary

From Month/Year	To Month/Year	Employer Name, Phone #, and Address:	May we contact: (circle one) Yes No
Job Title		Describe the type of work you performed and job responsibilities	
Supervisor's Name/Title		Reason for Leaving	Hourly Rate/Salary

From Month/Year	To Month/Year	Employer Name, Phone #, and Address:	May we contact: (circle one) Yes No
Job Title		Describe the type of work you performed and job responsibilities	
Supervisor's Name/Title		Reason for Leaving	Hourly Rate/Salary

LIST EXPERIENCE PERFORMING THE FOLLOWING:

TRADE	Experience Years/Months	EQUIPMENT	Experience Years/Months	TRAINING / CERTIFICATION	Check if applicable
Brick/Block Mason		Forklift		OSHA 10/30 hr.	
Carpenter		Scissor Lift		MSHA	
Concrete Form/Pour/Finish/Rebar		Aerial Man Lift		CDL	
Electrician		Boom Truck		Welding	
Industrial Maintenance		Crane		First Aid/CPR	
Roofer		Backhoe		Forklift Oper.	
Pipefitter		Excavator		Aerial Man Lifts	
Welder		Front-end loader		Confined Space	
Sheet Metal Fabrication		Dump Truck		HAZWOPER	
Painter		Ladders		Asbestos	
Laborer/Helper		Scaffolds		Powder-Actuated Tools	

List any other experience, skills, or training: _____

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application (whether intentional or un-intentional) are grounds for disqualification from further consideration or, if hired, immediate termination of employment regardless of the timing or circumstances of discovery.

I authorize Two State Construction & Thomson Roofing and Metal Company (TS/TR) to check all references from current and previous employers and any person listed as a reference on this application that may be relevant to my employment or my ability to perform the job for which I applied. I authorize TS/TR to verify any of the information furnished in this application including, but not limited to, employment history, criminal history and driving records. I authorize all persons, employers, schools, companies and law enforcement authorities to release any information concerning my background that may be relevant to evaluation of this application and I hereby release any such persons, employers, schools, companies and law enforcement authorities from any liability or damages whatsoever for issuing this information to this company and/or its agents.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at-will", for no specified duration, and either the company or I may terminate my employment relationship at any time for any reason not in violation of law. At no time shall any oral statement by the management of TS/TR be construed as giving rise to, or creating, a contract of employment between TS/TR and me or any other employee, or otherwise alter or modify the "at-will" nature of the employment relationship.

I understand that TS/TR is a State Certified Drug Free Work Place and, if offered a position with TS/TR, I will be required to submit to pre-employment drug screening as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests will result in withdrawal of any employment offer or termination of employment if already employed. Additionally, I understand that TS/TR conducts random, post-accident, post rehabilitation, routine fitness for duties, and reasonable suspicion drug testing on all employees and that an unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of any drug test will result in termination of employment.

I understand that this application is considered current for 6 months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below, I hereby acknowledge that I have read, fully understood and agree to the forgoing and seek employment under these conditions.

Signature of Applicant _____ **Date**

<u>FOR OFFICE USE ONLY</u>						
HIRE DATE: _____			JOB/DEPT.: _____			
PAY RATE: _____		W/C CODE: _____		Supervisor: _____		
POSITION HIRED FOR: CARPENTER MASON LABORER WELDER ROOFER ELECTRICIAN						
OTHER: (Describe) _____						
DRUG TEST RESULTS: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL *Company Rep.: _____						