


Last Name:		First Name:		Middle Initial:	OFFICE USE ONLY:
Will Visa or Immigration Status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Today's Date:	Date Available:	OFFICE USE ONLY:
Phone: () ()	Alternate Phone: () ()		Email:		Geographical Preference/Limitations:
Position Applied For: <input type="checkbox"/> Pilebuck <input type="checkbox"/> Carpenter <input type="checkbox"/> Crane Operator <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Laborer <input type="checkbox"/> Welder <input type="checkbox"/> Finisher <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Other (specify):					 HAMILTON CONSTRUCTION COMPANY <small>CONTRACTORS & ENGINEERS</small> AN EQUAL OPPORTUNITY EMPLOYER A DRUG FREE WORKPLACE PO Box 659, Springfield, OR 97477 Ph: 541.746.2426 Fx: 541-746-7635 www.hamil.com
Current Address:	Street	City	State	Zip Code	
Former Address:	Street	City	State	Zip Code	

EDUCATION RECORD

High School:	City/State:	Graduate/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
College:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
Other:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:

EMPLOYMENT RECORD

EMPLOYER		EMPLOYMENT DATES		POSITION	ELIGIBLE FOR REHIRE
Name		Start	Start		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		End	End		
Skills/duties					
Supervisor		Phone #:		Reason for Leaving	

Name		Start	Start		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		End	End		
Skills/duties					
Supervisor		Phone #:		Reason for Leaving	

Name		Start	Start		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		End	End		
Skills/duties					
Supervisor		Phone #:		Reason for Leaving	

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, MENTAL OR PHYSICAL DISABILITY, OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE, OR LOCAL LAW.

PERSONAL DATA

Who referred you to this company (person or organization):

PLEASE PROVIDE 3 REFERENCES:

Reference	Phone #	Email
Reference	Phone #	Email
Reference	Phone #	Email

PLEASE LIST ANY OTHER JOB RELATED SKILLS OR LICENSES

ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE

This application form is intended for use in evaluating your qualifications for employment; this is not an employment contract.

I certify that the information given by me to Hamilton is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Hamilton's interest or those of its customers, nor will I become engaged in such activity or business if employed.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Hamilton or myself. I understand that no representative of Hamilton, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Hamilton advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Background screening may be required by some contracting parties before you can perform work in or around their property. Credit background checks may be requested if it is substantially related to the job for which you have applied. Motor vehicle reports (MVR) may be included as consideration for hiring. Regular monitoring of MVR is detailed in Hamilton's Employee Handbook. Hamilton complies with the federal Fair Credit Reporting Act (FCRA) and will provide you information related to FCRA upon request.

After an offer of employment and prior to reporting to work, you are required to submit to a self-paid, mandatory drug test. Upon passing, Hamilton Construction will reimburse your costs. Additional testing of job related skills/physical requirements may be required subsequent to an offer of employment and prior to reporting to work. Some positions applied for are safety sensitive positions for which impairment while working presents a substantial risk of death.

Applicant Signature: _____ Date: _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE.

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HAMILTON CONSTRUCTION CO.

Affirmative Action Questionnaire

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental recordkeeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. Hamilton Construction regularly provides employment on Federally funded projects. This information will help us in compliance with hiring goals and accounting.

Race/Ethnic Origin	Gender	Veteran
Asian	Male	Yes
African American / Black	Female	Recently Separated Veteran
Caucasian	I do not wish to answer	Disabled Veteran
Hispanic		Active Wartime or Campaign
Indian		Badge Veteran
Native American		Armed Forces Service Metal
Hawaiian / Pacific Islander		Veteran
Multi-Racial		No
I do not wish to answer		I do not wish to answer

Definitions of Veteran

Recently Separated Veteran – Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Active Wartime or Campaign Badge Veteran – A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran – Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

Disabled Veteran – (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: