

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: _____

Are you willing to work overtime if requested? () Yes () No

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? _____

In case of an accident or emergency, please notify:

Name _____ Phone () _____ - _____

Address _____
Street City State Zip

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

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:

EDUCATION	Name	City/State	Diploma Yes/No	Dates Attended	Major or Course of Study
High School					
College					
Business					
Other					

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 _____

City, State, Zip _____ Phone: () _____

Starting Salary _____ Final Salary _____ Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

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

Address _____

City, State, Zip _____ Phone: () _____

Starting Salary _____ Final Salary _____ Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

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

Address _____

City, State, Zip _____ Phone: () _____

Starting Salary _____ Final Salary _____ Immediate Supervisor _____

Position & Duties _____

Reason for Leaving _____

LAVERDIERE CONSTRUCTION, INC.
4055 W. Jackson Street, Macomb, IL 61455

EMPLOYMENT INQUIRY RELEASE

In consideration for employment or promotion with 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: comrent@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