

# Paragon Contractors, LLC.

## APPLICATION FOR EMPLOYMENT

The information given on this form is for company use only. Please answer each question fully and accurately. We are an equal opportunity employer and do not discriminate on the basis of race, color, sex, religion, national origin, age, disability, citizenship, veteran status, or any other legally protected characteristic in recruiting, hiring, or other terms or conditions of employment. If you have any questions regarding this application, please ask before signing. We will be glad to help you in any way we can.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How did you learn about Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

FULL NAME (Last Name, First Name, Middle Name)	Social Security Number	
Do you go by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list the name you go by:		
Present Address	City, State, Zip Code	Telephone (    )
Last two addresses (List more recent former address first)		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary Desired? \$	
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Employment desired? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have legal authorization to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date available for work:	
Do you have relatives employed by the company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who:	Circle days available to work: M   T   W   TH   F   SA   SU  Saturday & Sunday, if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you worked for this company or affiliates before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date:	Hours Available to work: _____ Are you willing to work overtime, if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date	Can you travel if a job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been convicted of or admitted guilt to any moving violations in the last five years? <input type="checkbox"/> YES    Number _____ <input type="checkbox"/> NO	
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: Explain:	Have you ever entered a plea of guilty, or been convicted of, or forfeited bond in relation to a felony or any dishonest act within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify offense, date, and court	

## EMPLOYMENT EXPERIENCE

**Start with your present or last job.** Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title	Telephone Number		
Supervisor Name	Reason for Leaving		

2. Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title	Telephone Number		
Supervisor Name	Reason for Leaving		

3. Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title	Telephone Number		
Supervisor Name	Reason for Leaving		

**If you need additional space, please continue on a separate sheet of paper**


### PREVIOUS EMPLOYMENT

Have you ever been discharged from previous employment?  YES  NO If yes, explain:

Will you be engaged in other employment?  YES  NO If yes, explain:

Have your actions ever caused you to be held responsible for shortages of funds or property at previous employment?  
 YES  NO If yes, explain:

## EDUCATION AND TRAINING

<b>Circle Last Year Completed</b> 	Trade or High School					Tech/Bus School		College				Graduate School			
	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
High School Name					Location				Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO						
List every Business, Trade School, or College attended					Location		Dates Attended		College Major		Degree Received				
Indicate any foreign languages you can speak, read and/or write															
					FLUENT			GOOD			FAIR				
SPEAK															
READ															
WRITE															
<p>List professional, trade, business or civic activities and offices held.  <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status:</i></p>															

## REFERENCES

<p>Give <b>name, address, and telephone number</b> (preferably day-time numbers) of three business/professional or academic references who are not related to you. <b>PLEASE DO NOT LIST PERSONAL REFERENCES</b></p>
1.
2.
3.

## APPLICANT'S STATEMENT

<p>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period must submit a new application before the expiration of the period during which time applications are being accepted for a specific vacancy.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

# APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

## ***PLEASE READ CAREFULLY***

We truly welcome your application with Paragon Contractors, LLC. We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that **all applicants consent to and authorize a pre-employment verification of their background**, including, but not limited to, information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that Paragon Contractors, LLC may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or local criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

I authorize Paragon Contractors, LLC agents/designated Paragon Contractors, LLC personnel or affiliates, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Company.

I have read and understand this release and consent, and **I authorize the background verification**. I authorize persons, schools, current and former employers and other organizations and agencies to provide Paragon Contractors, LLC and its agents with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Paragon Contractors, LLC its agent, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information.

Signature		Social Security #	
Full Name (typed or printed)			Date
Address	City	State/Zip	Date of Birth
License #	Type	State	

NOTICE REGARDING CONSUMER REPORTS

In connection with my application for employment (including contract for services) with you, I understand consumer reports which may contain public record information may be requested. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, school/college records, etc. I further understand that such reports may contain public record information concerning my driving record, credit bankruptcy proceedings, criminal records, etc., from federal, state, county, and other agencies that maintain such records.

DISCLOSURE

I hereby consent to your obtaining the above information from IPI. I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract period).

RELEASE

I understand an investigative consumer report may be requested with respect to my application for employment. I also understand that requests made from public or private sources, including, but not limited to: Criminal or Civil Records, Driving Record, Credit Reports, Education, Professional Licensing, Previous Employment, and Social Security Reports. I also acknowledge that a fax (telephone facsimile) shall be as valid as the original. All information to be requested is in compliance with the Federal Americans with Disabilities Act (ADA), The Fair Credit Reporting Act (FCRA), and all applicable state laws. My signature below hereby fully releases and holds the company, also known as Paragon Contractors, LLC and our agents from any damages resulting from the information being provided. I hereby authorize, without reservations, any employer, law enforcement agency, credit bureau, school, institution, or information service provider contracted to furnish any and all information as described above.

I further authorize without reservations ongoing procurement of all reports described above during my employment/ contract.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Please Print:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing Driver's License: \_\_\_\_\_

THE ABOVE INFORMATION IS REQUIRED BY LAW ENFORCMENT AGENCIES AND OTHER ENTITIES FOR IDENTIFICATION MATCHING WHEN CHECKING RECORDS. IT IS STRICTLY CONFIDENTIAL AND IS USED FOR SCREENING PURPOSES ONLY.

**AUTHORIZATION AND CONSENT FOR RELEASE  
OF INFORMATION TO  
Paragon Contractors, LLC**

***PLEASE READ CAREFULLY***

I, \_\_\_\_\_, am a current Employee of, or an Applicant for employment with Paragon Contractors, LLC, I do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. **I understand and agree** that if I am employed, any false statements will be considered as cause for dismissal.

***DISCLOSURE***

**I understand and agree**, that in connection with my employment and/or application for employment, the company, may request a consumer report and/or an investigative consumer report from a consumer reporting agency concerning my social security number, motor vehicle operation history, criminal history, and other information to the extent permitted by law from various local, state and federal agencies, private and insurance sources, and other available sources.

**I understand and agree** that a consumer report and/or an investigative consumer report may also include information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, work habits performance and experience, along with reasons for termination or past employment from previous employers, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State, or local criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

**I understand and agree** that a consumer report and/or investigative consumer report requested may be obtained for employment purposes, as defined under the Federal Fair Credit Reporting Act, or as defined under comparable state law. Specifically, this information may be requested for purposes of employment, promotion, reassignment, or retention as an Employee.

***RELEASE***

**I have read and understand this Consent and Release**, and I hereby authorize the background verification as described above. I hereby authorize persons, schools, current and former employers, other organizations, and governmental agencies to provide the company, with all information that may be requested, and

(Initial) \_\_\_\_\_

**I hereby release all of the persons, schools, current and former employers, other organizations, and governmental agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.**

**I do hereby agree to forever release and discharge Paragon Contractors, LLC, it's agents, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information.**

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Please Print

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names Used \_\_\_\_\_

\_\_\_\_\_

Current Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Drivers License Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Issuing State

# Voluntary Self-Identification Form

is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

**Section 1: General Applicant Information (This is tied to Application for Specific Requisition Number).**

**Section 2: Please check all that apply (See definitions below)**

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Campaign Badge Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veterans
<input type="checkbox"/> Asian (not Hispanic or Latino)		<b>**Other</b>
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		SEE PAGES FOLLOWING



I do not wish to Self-Identify

## **EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

### **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

### **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

### **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

### **Disabled Veteran**

Means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has

been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Campaign Badge Veteran**

Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

**Recently Separated Veteran**

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the three (3) year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran**

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

Continued on next page....

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

### Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Note to SS: This form should be  
tied to the application & requisition  
number].

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.