



NOTICE TO APPLICANTS AND EMPLOYEES

Screening test for alcohol and illegal drug use are required before hiring and during your employment.



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions based solely upon merit and without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran or current military status, union affiliation, or any other legally protected class.

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application.

Position Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Friend Walk-In Website
 Employment Agency Relative Other _____

Last Name		First Name		Middle Name (Initial)	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully authorized to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____ Desired salary range: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a valid driver license? Yes No

Are you bondable? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, veteran status, disabilities or other protected status.

1	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
5	Employer		Dates	Employed	Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

References

1. Name: _____	Phone No.: _____
Relationship: _____	Address: _____
2. Name: _____	Phone No.: _____
Relationship: _____	Address: _____
3. Name: _____	Phone No.: _____
Relationship: _____	Address: _____
4. Name: _____	Phone No.: _____
Relationship: _____	Address: _____

Applicant's Statement

JOB DESCRIPTION: The *Job Description* is to communicate the responsibilities and duties associated with the position for which I am applying. The *Job Description* does not constitute an employment contract between Kier Property management and any employee. I affirm that I have received and have read a copy, had opportunity to ask questions, understand, and am able to perform the responsibilities and duties of the job for which I am applying.

Applicant's Signature: _____

Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? YES NO

I hereby affirm that the information given herein is true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application and/or attached resume for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
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.
In the event of employment, I understand that false or misleading information given in my application/resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
I hereby agree to submit to any lawful drug and alcohol testing required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment will result in termination.
I hereby authorize any and all listed references, former schools, employers, and their agents and employees to answer all questions or release any information regarding my employment or educational experiences with them. I hereby release them from any liability and hold them harmless.
(In order to permit a check of your work and education records, should we be made aware of any change of name or any assumed name you have previously used: YES NO If yes, list names: _____.)
I further authorize the Company to release to any person, firm, entity or organization with whom I may seek employment, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

Signature of Applicant

Date



**FAIR CREDIT REPORTING ACT
CONSUMER REPORT DISCLOSURE
AND APPLICANT RELEASE FORM**

I understand that by submitting my application for employment with Kier and by signing this form, I am giving Kier permission to conduct a thorough background check on me.

I understand that the background check performed by Kier, or its agents, includes checking my criminal history, if any, my credit history, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, and my driving record. I further understand that the background check will include reviewing my employment history.

I understand, per The Fair Credit Reporting Act, that I have the right to request additional disclosures of the nature and the scope of the investigation. See Summary of Consumer Rights attached to consent form.

I certify that all information I have provided to Kier Construction Corporation, including any information provided on my application or through interviews is true and correct.

I release Kier from any and all liability relating to the collection, use and dissemination of any information obtained for the purpose of this background check.

Applicant's Signature

Applicant's Name (typed or printed)

Date

**RM SCREENING
CONSENT FORM (Fax #732-9660)
ONLY ONE (1) APPLICANT PER CONSENT FORM**

PLEASE PRINT CLEARLY!

I, _____,
authorize RM Screening Specialists or any agents of RM Screening Specialists to complete a background screening which requires verification of information including but not limited to my credit history, employment history, present and previous landlords, local criminal record and/or full criminal record. I understand that the information I provide will be disclosed to the company that I have applied to for Employment. I release RM Screening Specialists, their agent and the Kier Companies of any and all liability resulting from this background investigation for my Employment. I further agree that a photocopy of this consent form may be accepted with the same authority as the original.

RM Screening Specialists obtains credit files from Experian (Credit Bureau Services). We do not maintain any information on individuals. All disputes will need to be conducted through the above listed bureau at: (801) 621-4408. This investigative inquiry fully complies with the Privacy Act of 1974 and other laws protecting the rights of the person we are investigating. I understand, per The Fair Credit Reporting Act, that I have the right to request additional disclosures of the nature and the scope of the investigation. See attached Summary of Consumer Rights .

Please provide the following information:

Full Name:

First: _____ Middle: _____ Last: _____

To aid in a complete background check, please list all other names used (maiden, aka, etc.) _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Current Address: (Street) (City) (County) (State)

(Please give addresses from last three (3) years of residency)

Previous Address: (Street) (City) (County) (State)

Previous Address: (Street) (City) (County) (State)

Applicant Signature

Date

**WESTERN REPORTING CORPORATION
CONSENT FORM
(Fax #801-281-2005 or 800-351-4558)
ONLY ONE (1) APPLICANT PER CONSENT FORM**

PLEASE PRINT CLEARLY!

I, _____
, authorize Western Reporting Corporation or any agents of Western Reporting Corporation to complete a background screening which requires verification of information including but not limited to my credit history, employment history, present and previous landlords, local criminal record and/or full criminal record. I understand that the information I provide will be disclosed to the company that I have applied to for Employment. I release Western Reporting Corporation, their agent and the Kier Companies of any and all liability resulting from this background investigation for my Employment. I further agree that a photocopy of this consent form may be accepted with the same authority as the original.

Western Reporting Corporation obtains credit files from Equifax, Trans Union & TRW (Experian) Credit Bureau Services. We do not maintain any information on individuals. All disputes will need to be conducted through the above listed bureau at: (800) 888-4213. This investigative inquiry fully complies with the Privacy Act of 1974 and other laws protecting the rights of the person we are investigating.

Please provide the following information:

Full Name:

First: _____ Middle: _____ Last: _____

To aid in a complete background check, please list all other names used (maiden, aka, etc.) _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Current Address: (Street) _____ (City) _____ (County) _____ (State) _____

(Please give addresses from last three (3) years of residency)

Previous Address: (Street) _____ (City) _____ (County) _____ (State) _____

Previous Address: (Street) _____ (City) _____ (County) _____ (State) _____

Applicant Signature _____

Date _____



**MOTOR VEHICLE
RECORD
AUTHORIZATION
RELEASE**

I hereby authorize Kier Construction Corporation to obtain a copy of my Motor Vehicle Record (MVR) to evaluate my qualifications for operating a vehicle on behalf of Kier Construction Corporation. I also understand that I am responsible to inform Kier Construction Corp. any time the status of my driving record changes.

Applicant's Signature

Applicant's Name (typed or printed)

Date

Drivers License #: _____

Date Drivers License Expires: _____

State: _____

Date of Birth: _____

Social Security #: _____

SUMMARY OF CONSUMER RIGHTS

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA at 15 U.S.C. 1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- ▶ **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA providing the consumer report.
- ▶ **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars (\$8.00).
- ▶ **You can dispute inaccurate information with the CRA.** If you tell a CRA your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- ▶ **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- ▶ **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- ▶ **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- ▶ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- ▶ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers or employers without your permission.
- ▶ **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ▶ **You may seek damages from violators.** If a CRA, a user or (in some cases) a provide of CRA data, violates the FCRA, you may sue them in state or federal court.

For questions or concerns regarding:	Please contact
CRAs, creditors and others not listed below	Federal Trade Commission, Consumer Response Center – FCRA, Washington DC 20580 (202)326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington DC 20219 (800)613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs, Washington DC 20551 (202)452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision, Consumer Programs, Washington DC 20552 (800)842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration, 1775 Duke Street, Alexandria VA 22314 (703)518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington DC 20429 (800)934-3342
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington DC 20590 (202)366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA, Washington DC 20250 (202)720-7051