



(307) 362-7948 PHONE (307) 382-4619 FAX

APPLICATION FOR EMPLOYMENT

Lewis & Lewis, Inc. is an equal opportunity employer and will not discriminate against any employee or applicant for employment in a manner that violates the law.

		manner that vie	olates the law.		
Date of Application	n:	Posit	ion Applying For: _		
Full Legal Name: _					
Contact Phone Nu	ımber:		Email Address: _		
List addresses of	residency for past	t 3 years:			
Current Address: _	Street	Apt./Unit #	City	State	Zip Code
	Sueet	Apt./ Offit #	City	State	Zip Code
Previous Address:	Street	Apt./Unit #	City	State	Zip Code
Previous Address:	Street	Apt./Unit #	City	State	Zip Code
	Street	Apt./ Unit #	City	State	Zip Code
		Are y Would you accept er Are y	you willing to travel	r? Yes own? Yes ? Yes	No No No No
EDUCATION	High School	College/University	7 Gradua	ate/Professional/Tr	ade/Apprentice
School Name					
Years Completed	9 10 11 12	1 2 3 4	1 2	3 4	
Diploma/Degree					
Course of Study					
REFERENCES	Give two (2) person	s other than former em	ployers or relatives		Years
Name and Address		R	Relationship	Phone #	Acquainted

EMPLOYEE REFERRAL:

WORK EXPERIENCE

Starting with your present or most recent employer, **list all employment for at least the last 3 years**. The Department of Transportation requires <u>commercial driver applicants</u> to list all employers for an **additional 7 year period** where the applicant operated a commercial motor vehicle including the dates of employment and the reasons for leaving such employer.

Company's Name:	Telephone Number:
	() -
Company's Mailing Address:	Dates of Employment: (Month/Year)
	From: To:
Supervisor's Name:	Hourly/Salary Wage:
	Start: End:
Job Title & Job Duties:	Reason for Leaving:
Company's Name:	Telephone Number:
- ,	
Company's Mailing Address:	Dates of Employment: (Month/Year)
Company o Maning Marieso.	
C	From: To:
Supervisor's Name:	Hourly/Salary Wage:
	Start: End:
Job Title & Job Duties:	Reason for Leaving:
Company's Name:	Telephone Number:
	() -
Company's Mailing Address:	Dates of Employment: (Month/Year)
	From: To:
Supervisor's Name:	Hourly/Salary Wage:
	C
Job Title & Job Duties:	Start: End: Reason for Leaving:
Jon 2-11 01 Jon 2 11 11 11 11 11 11 11 11 11 11 11 11 1	
Company's Name:	Telephone Number:
Company of Marie	Telephone I (uniber
Company's Mailing Address:	Dates of Employment: (Month/Year)
Company's Maining Address:	Dates of Employment: (Month/Tear)
	From: To:
Supervisor's Name:	Hourly/Salary Wage:
	Start: End:
Job Title & Job Duties:	Reason for Leaving:

		a current Depart	artment of Trans	portation Medical Card:	Yes		No No	
ACCIDENT RE	CORD F	OR THE PAS	ST 3 YEARS: (S	tart with most recent)				
DATE		'URE OF ACO	CIDENT	FATALITIE (Yes or No)	s ——		INJURIES (Yes or No)	
	NVICTIO		E PAST 3 YEA	RS: (Do not include p	S	,	.,	
COUNTY		DATE		CHARGE		PENALTY		
		1 - 1	armit or priviled	e to operate a motor v	ehicle?	□ Yes	□ No	
If Has any license, If ******* COMME *Do not: Date of Birth: DRIVER QUAL	yes, give of permit or yes, give of ***********************************	details: driving privil details: ********* DRIVER All questions in the	ege ever been s ********* PPLICANTS nis section unless	**************************************	********* TE TH] Drivers I	IS SECT icense (CI	ION DL)	
If Has any license, If ********* <u>COMMF</u>	yes, give of permit or yes, give of ***********************************	details:details:	ege ever been s ********* PPLICANTS nis section unless	uspended or revoked? ********** ONLY COMPLE' you have a Commercial	********* TE TH] Drivers I	**************************************	**************************************	
If Has any license, If ******** COMME *Do not: Date of Birth: DRIVER QUAL STATE DRIVER EXPE	yes, give of permit or yes, give of the second of the seco	details: driving privil details: *********** DRIVER A questions in the ONS: SE NUMER TYPE OF E	ege ever been s *********** PPLICANTS nis section unless Socia TYPE	**************************************	********* TE TH] Drivers I	**************************************	**************************************	
If Has any license, If ******** COMME *Do not a Date of Birth: DRIVER QUAL STATE DRIVER EXPE CLASS OF EQUAL	yes, give of permit or yes, give of the second of the seco	details: t driving privil details: ********** DRIVER A questions in the ONS: SE NUMER	ege ever been s *********** PPLICANTS nis section unless Socia TYPE	******************************* ONLY COMPLE' you have a Commercial Security Number: EXPIRATION	********* TE TH] Drivers I	icense (CI	**************************************	
If Has any license, If ******** COMME *Do not: Date of Birth: DRIVER QUAL STATE DRIVER EXPE CLASS OF EQUIVER	yes, give of permit or yes, give of the control of	details: driving privil details: *********** DRIVER A questions in the ONS: SE NUMER TYPE OF E	ege ever been s *********** PPLICANTS nis section unless Socia TYPE	******************************* ONLY COMPLE' you have a Commercial Security Number: EXPIRATION	********* TE TH] Drivers I	icense (CI	**************************************	
If Has any license, If ********* COMME *Do not: Date of Birth: DRIVER QUAL STATE DRIVER EXPE CLASS OF EQUIL Straight Truck Iractor & Semi-T	yes, give of permit or yes, give of the second seco	details: driving privil details: *********** DRIVER A questions in the ONS: SE NUMER TYPE OF E	ege ever been s *********** PPLICANTS nis section unless Socia TYPE	******************************* ONLY COMPLE' you have a Commercial Security Number: EXPIRATION	********* TE TH] Drivers I	icense (CI	**************************************	
If Has any license, If ****** COMME *Do not: Date of Birth: DRIVER QUAL	yes, give of permit or yes, give of the service of	details: driving privil details: *********** DRIVER A questions in the ONS: SE NUMER TYPE OF E	ege ever been s *********** PPLICANTS nis section unless Socia TYPE	******************************* ONLY COMPLE' you have a Commercial Security Number: EXPIRATION	********* TE TH] Drivers I	icense (CI	******** ION DL) SEMENTS	

ADDITIONAL INFORMATION Describe any specialized training, certification special job-related skills, qualifications or equipment experience. List all convictions, pleading of nolo contendere and deferred judgments you have had. Exclude minor traffic offenses and parking tickets. (Criminal background investigations will be conducted) A yes answer does not automatically disqualify you from employment. The nature of the offense, date and job for which you are applying will be considered. Please ask for the Minimum Background Investigation Requirements. Conviction, Plea of Nolo Contendere, Deferred Judgments City Date ************************************* AFFIDAVIT/CONSENT FOR SUBSTANCE ABUSE TESTING Please read each statement carefully before signing I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institutions, law enforcement agencies, city, state, county and federal courts, military service, current employer, past employers, credit agencies, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, ALSO, THAT I MAY VOLUNTARILY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE. Management reserves the right to require overtime and travel to other locations as normal conditions of employment. Elam Construction, Inc. does substance abuse testing. All applicants for employment will be tested before they begin employment. We do not intend to hire applicants who cannot successfully pass our initial substance abuse testing. I, THE UNDERSIGNED APPLICANT/EMPLOYEE of Lewis & Lewis, Inc. or company authorized facility to collect blood, urine, breath, saliva or otherwise, specimens from me for post-employment offer testing for the presence of alcohol, illegal drugs or controlled substances conducted pursuant to the Companies Drug/Alcohol Workplace Policy. Further, I give my consent for the release of the test results to the appropriate members of company management. I have read, understand and by my signature, consent to these statements. I understand that any false information or omission may disqualify me from further consideration for employment, and may result in my dismissal if discovered at a later date. I understand, also, that I am required to abide by all safety rules and regulations and employment guidelines of Lewis & Lewis, Inc. Kilgore division. I certify that this employment application was completed by me and that all entries on it and all information

provided in this application and in the interview(s) are true and complete to the best of my knowledge.

Date:

Signature of Applicant:

Self-Identification Form

Gender, Ethnicity, Race, Disabled and Veteran Status

Lewis & Lewis, Inc. is a government contractor subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with Lewis & Lewis, Inc. If you do not self- identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:	Cı	TIZENSHIP	GENDER				
		Are you a United States Citizen? □ YES □ NO	□ Male				
		Do you have citizenship in any other country? ☐ YES ☐ NO	□ Female				
Ethnicity Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race							
□ Not Hispanic/Latino		D. II. dg d					
RACE		Race Identification					
White (not Hispanic or Latino)		A person having origins in any of the original peoples of Europe, the Middle East, or North America					
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 original peoples of Hawaii, Guam, Sa other Pacific Islands	moa, or				
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 Viet Nam.					
American Indian or Alaska Native (not Hispanic or Latino)		A person having origins in any of the origins in any of the original peoples of Northand South America (including Central America), and who maintains 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.					
VETERAN STATUS Using the definitions as stated in follow covered veterans categories as apply.	ring a	ttachment, please check the box of boxes below to identify yourself in as ma	nny				
☐ YES ☐ NO Disabled Vetera	n						
☐ YES ☐ NO Other Protected	Other Protected Veteran						
☐ YES ☐ NO Vietnam	Vietnam						
\square YES \square NO Armed Forces S	Armed Forces Service Medal Veteran Discharge Date:						
		Federal Job Category:					
		Reporting State:					
one or more of such person's major	r life state	on who has a physical or mental impairment which substantially limits activities, has a record of such impairment, or is regarded as having sed above, please check the box below to identify yourself as a disable TYES DNO	uch				

Lewis & Lewis, Inc. Self-Identification Questionnaire

Lewis & Lewis, Inc. is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as "covered veterans".

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. Whether you choose to so identify is voluntary on your part.

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will e kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

<u>Disabled Veteran</u> 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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means 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.

<u>Veteran of the Vietnam Era</u> means (a) served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (d) served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

<u>Armed Forces Service Medal Veteran</u> means a 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 pursuant to Executive Order 12985 (61Fed Reg 1209).