

APPLICATION FOR EMPLOYMENT

McCormick Incorporated

Asphalt Paving & Supply, Inc.

McCormick Construction Co.

ATTN: Human Resources Dept.
2425 N Glassford Hill Rd
Prescott Valley, AZ 86314
Tele: 928-772-6363 / Fax: 928-772-7313

Website: asphaltpavingandsupply.com
Email: aps@nicnd.com

ATTN: Human Resources Dept.
PO Box 545
Bullhead City, AZ 86430-0545
Tele: 928-763-2272 / Fax: 928-763-7960
Website: mccormickconstructionarizona.com
Email: mccnancyt@aol.com

FOR COMPANY USE ONLY

Work Classification _____

Employee ID # _____

Job # _____

Timekeeper _____

Supt. _____

Reg. Rate _____

O.T. Rate _____

APPLICANT NOTE: McCormick Incorporated and its affiliated companies are Equal Opportunity/Affirmative Action Employers and do not discriminate against or harass any applicant or employee based on race, color, creed, religion, sex, including pregnancy, sexual orientation, gender identity, national origin, age, individuals with disabilities who are qualified for the job they hold or seek, marital status, familial status, genetic information, status with regard to public assistance, lawful activities off the employer's premises during non-business hours which are not in direct conflict with the essential business activities of the employer, membership or activity in a local commission, veteran status, or any other category protected by local, state, or federal law in employment. This application is not a guarantee or contract of employment. McCormick Incorporated and its affiliated companies are "at will" employers. No employee of McCormick Incorporated or its affiliates may alter the "at will" relationship except where expressly agreed by contract signed by the CEO or President or where contrary to state law. You must designate the specific position for which you are applying. McCormick Incorporated provides reasonable accommodation to qualified individuals with disabilities. If accommodation is required in the application or hiring process, please contact the Human Resources Department listed above. **Applications must be signed. Resumes will not be accepted in lieu of applications.**

Position(s) applied for _____ Date of Application _____

MM / DD / YYYY

Asphalt Paving & Supply, Inc.
Office: Prescott Valley, AZ

McCormick Construction Co.
Office: Bullhead City, AZ

Name _____
LAST FIRST MIDDLE INITIAL

Address _____
STREET CITY COUNTY STATE ZIP CODE

Cell Phone # _____ Email Address _____
(AREA CODE)

YES NO Are you 18 years of age or older?

YES NO Have you been convicted, plead guilty, or plead no contest to a crime other than a minor traffic violation? A 'YES' response will not necessarily be a bar to employment. If you responded 'YES', explain in brief detail: _____

YES NO Have you ever been employed by any of McCormick Incorporated's affiliated companies?

YES NO Are you legally eligible for employment in the United States of America?

Employment Desired: Seasonal Construction Full Time Part Time Temporary Date Available to Start _____
MM / DD / YYYY

TRUCK DRIVING EXPERIENCE _____

HEAVY EQUIPMENT OPERATING EXPERIENCE _____

OTHER EXPERIENCE _____

YES NO Do you have a valid Driver License (DL)? DL Class/Type _____ DL State of Issue _____

DL Endorsement(s) _____ DL Restriction(s) _____ DL Expiration Date _____

All CDL holders – Medical Examiners Certificate (Physical Exam Card) Expiration Date _____
MM / DD / YYYY

REFERRAL SOURCE

ARIZONA WORKFORCE CONNECTION _____

EMPLOYEE _____

OTHER STATE/FED EMPLOYMENT AGENCY _____

TERO _____

OTHER ONLINE JOB WEBSITE _____

WALK-IN (OFFICE/FIELD) _____

NEWSPAPER/RADIO _____

OTHER _____

JOB FAIR _____

Additional Information (if applicable) _____

PREVIOUS EMPLOYERS

<u>CURRENT / MOST RECENT EMPLOYER</u>		Are you currently working for this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, may we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMPANY NAME	CITY	STATE	TELEPHONE	
FROM:	TO:			
DATES EMPLOYED	JOB TITLE	SUPERVISOR'S NAME		
DUTIES				
DUTIES (continued)				
\$	PER:	<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEK	<input type="checkbox"/> MONTH
WAGE / SALARY				
<u>SECOND MOST RECENT EMPLOYER</u>				
COMPANY NAME	CITY	STATE	TELEPHONE	
FROM:	TO:			
DATES EMPLOYED	JOB TITLE	SUPERVISOR'S NAME		
DUTIES				
DUTIES (continued)				
\$	PER:	<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEK	<input type="checkbox"/> MONTH
WAGE / SALARY				
<u>THIRD MOST RECENT EMPLOYER</u>				
COMPANY NAME	CITY	STATE	TELEPHONE	
FROM:	TO:			
DATES EMPLOYED	JOB TITLE	SUPERVISOR'S NAME		
DUTIES				
DUTIES (continued)				
\$	PER:	<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEK	<input type="checkbox"/> MONTH
WAGE / SALARY				

REFERENCES *(Include only individuals familiar with your work ability. Do not include relatives.)*

Name	Telephone #	Relationship	Years Known
1.			
2.			

EDUCATION *(Include only if required for the position.)*

Please circle highest grade completed: **7 8 9 10 11 12 13 14 15 16+**

	School Name	City, State	Degree Obtained
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION AND RELEASE: I certify that I have read and understand the **Applicant Note** on page one of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of the facts called for in this Application for Employment may result in rejection of my application or discharge at any time during my employment. I also understand that the illegal use of drugs is prohibited during employment. By signing below, I understand and agree that in the event I receive an offer of employment from McCormick Incorporated or any of its affiliates, I will submit to pre-employment drug testing in compliance with the company's drug and alcohol testing policy. I also understand that the company may require physical and medical examinations to qualify for certain job positions, where job-related and consistent with business necessity.

SIGNATURE:	DATE:
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Affirmative Action Self-Identification Form:

Race / Ethnicity, Gender, and Veterans Information

This company 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 invited to participate in the Affirmative Action Program by reporting their status as requested below. In extending this invitation you are also advised that (a) workers (applicants) are under no obligation to respond; (b) responses will remain confidential within the Human Resources and Bookkeeping Departments; 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, minorities, and economically disadvantaged individuals to apply.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will NOT be used in any hiring decision. Refusal to provide this information will have NO bearing on your application and will NOT subject you to any adverse treatment.

RACE OR ETHNIC IDENTITY

- 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 races, excluding those who identify themselves as Hispanic or Latino.

GENDER

- Male Female

VETERANS STATUS *(select one or more categories)*

- Non-Veteran:** means an individual who has not been a member of the United States military, ground, naval, or air service.
- 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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Active Wartime or Campaign Badge Veteran:** means a veteran who served on active duty in the United States military, ground, naval, or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran:** means a veteran who, while serving on active duty in the United States 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.
- Recently Separated Veteran:** means a 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.

How did you hear of this job opportunity? _____

Signed: _____ Date: _____

Decline Self-Identification: I do not wish to Self-Identify.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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.¹ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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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.

ⁱ 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.

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.