

APPLICATION FOR EMPLOYMENT

Our Company is an "Equal Opportunity Employer." All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, gender, age veteran status, disability or genetic information.

Personal

Last Name		First	Middle	Social Security Number	
Present Address		City	State	Zip Code	Telephone Number
				Home <input type="radio"/>	
				Cell <input type="radio"/>	
Email Address				Secondary Telephone Number	
				Cell <input type="radio"/>	
				Other <input type="radio"/>	
If Hired Can You Prove You are of Legal Age (18 years old)?			Can You Submit Verification of Your Legal Right to Work in the USA?		
Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>		

Previous Addresses

List addresses at which you have resided for the past three years.

Dates From-To	Street Address	City, State Zip	County

Position

Position Applied For		Starting Wage Expected	
Have You Ever Worked for Frontier Construction Co.? Yes <input type="radio"/> No <input type="radio"/>	Names of Relatives/Friends Employed by Frontier Construction Co.:	Who Referred You to Frontier Construction Co.?	
You Are Applying For:		Temporary Work (i.e. Summer or Holiday Work)	
Regular Full-Time Work Yes <input type="radio"/> No <input type="radio"/>		Regular Part-Time Work Yes <input type="radio"/> No <input type="radio"/>	
Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>	
What Days & Hours Are You Available for Work?	If Applying for Temporary Work, What Period of Time Will You Be Available?		
	From:	To:	
Are You Available for Work on Weekends? Yes <input type="radio"/> No <input type="radio"/>	Would You Be Available to Work Overtime? Yes <input type="radio"/> No <input type="radio"/>	If Hired, On What Date Can You Start Work?	
Please check which functions you are able to perform effectively:			Are you able to perform the essential functions of the position for which you are applying? Yes <input type="radio"/> No <input type="radio"/>
<input type="radio"/> Lift/Carry 35-50 lbs. <input type="radio"/> Prolonged Standing <input type="radio"/> Prolonged Sitting <input type="radio"/> Bending <input type="radio"/> Lift/Carry 51-75 lbs. <input type="radio"/> Climbing Stairs <input type="radio"/> Reaching Above Chest/Overhead			
Notify in Case of Emergency – Name, Relationship		Address	Telephone Number



Education

School (Begin With High School)	Degree/Diploma (Or Highest Level Completed)	Major Field	Approximate Letter Grade & Average
HIGH SCHOOL			

Academic Honors and/or Activities – You May Omit Those Which Indicate Your Race, Religious Creed, Color, Disability, National Origin, Ancestry, Gender or Age:

Work Experience

Company Name Address & Telephone (Begin With Most Recent Position)	From	To	Immediate Supervisor	Position & Job Duties (If Driver, Type of Equipment Driven)	Your Salary	Reason for Leaving

Military Service

Branch of Service	From	To	Rank	Nature of Duties

Convictions

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age and time of the offense, when it occurred, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of or pleaded guilty to a crime, other than minor traffic violations (other than a matter that has been expunged or sealed)? Yes No

If Yes, Please Explain (including date(s)):

PLEASE READ AND SIGN BELOW

I certify that all of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to pre-employment tests, which may include: drug screen, physical (if applicable), ergonomics test (if applicable), prior to beginning work with the Company. I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. My employment is contingent upon successfully passing the above mentioned pre-employment tests (if applicable to the position for which I am being considered).

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

NOTE: All applications remain active for 90 days. After this period of time, applicant must submit a new application.

Please sign below to signify receipt of the foregoing disclosures. I authorize, without reservation:

Signature: _____ Date: _____

The Frontier Construction Co. -- Applicant Waiver

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. If hired, this authorization shall remain on file and shall serve as an ongoing authorization to procure consumer reports at any time during my employment period.

By signing this document Frontier Construction Co. is disclosing that a consumer report, including an investigative consumer report containing information as to my character, general reputation, personal characteristics, public record information, previous employer reviews, education records, criminal history, personal reference, driving records, credit, and mode of living may be obtained from Federal, State and other agencies, companies and other organizations for employment purposes as part of the pre-employment background investigation and at any time during my employment. If this company considers any information in the "consumer report" when making an employment related decision that directly and adversely affects me, I may request, in writing, a copy of the "consumer report". I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me. Following is a written summary of my rights under the Fair Credit Reporting Act.

I authorize, without reservation, any party or agency contacted by this company, employees, agents, and assigns to furnish the above mentioned information.

I hereby release and discharge Frontier Construction Co. and the (CRA) Consumer Reporting Agency(s) requesting, investigating and/or providing information and/or consumer report(s) and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigative and/or consumer report of my background as set forth herein.

Printed Name (Last, First, Middle Initial): _____

Birth Name: _____ Social Security No: _____

Driver's License Number: _____ State Driver's License is issued: _____

May we contact your current employer? Yes No

The Company May Not Contact Employer _____ To Verify Previous Employment.

Signature _____ Date: _____

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 used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers, and insurers who are making credit, employment and insurance decisions about you. The FCRA give suppliers and users of credit information, and CRA's specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). 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.

Access to your file limited. Your file may only be accessed by those who have a permissible purpose recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.

Your consent is required for reports that are provided to employers or that contain medical information. The CRA may not give a report about you to your employer, or prospective employer without your consent. A CRA may not report medical information about you to creditors, insurers, or employers without your written permission.

You can find out what is in your file. Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify (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 a fee of up to \$8.

You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you. Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate 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 CRA's – to which it has provided data – 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 dispute 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 inaccurate 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 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 information. If you tell the third party who furnished information to a CRA - such as a creditor who reports to a CRA – that you dispute an item, it may not then report the information to the 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 of 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 of bankruptcies).

You may choose to exclude your name from the CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA form provided for this purpose, you can have your name and address removed indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA give several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRA's, creditors and others not listed below.	Federal Trade Commission Bureau of Consumer Protection Washington, DC 20580 202-236-3761
National banks, federal branches/agencies of foreign banks, (word, "National" or initials "NA" appear in or after the 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 20552 202-452-3693
Savings associations and federally chartered savings banks (word "federal" or initials "F.S.B." appear in the federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit union (words "Federal Credit Union" appears in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
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, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



**EMPLOYMENT APPLICATION SUPPLEMENT -- FOR DRIVER / OPERATOR
APPLICANTS ONLY**

Note: Driver / Operator applicants must also complete the Company's standard employment application.

Operator Licenses (valid licenses now held)

Type	License Number	Issuing State	Expires

States in which you have held operator licenses for the last five years: Have you ever had any denial, revocation, or suspensions of any license, permit, or privilege to operate a motor vehicle? Yes No If yes, explain fully:

Driving Experience

List equipment operated (buses, trucks, tractors, semi-trailers, full trailers, pole trailers, etc.) and show experience operating each type.

Type of Equipment	Years of Experience	Type of Equipment	Years of Experience
1.		5.	
2.		6.	
3.		7.	
4.		8.	

History of Accidents

List all motor vehicle accidents in which you were involved during the LAST 3 YEARS. If none, state none.

Date	Nature of Accident	Injuries and/or Fatalities

History of Violations

List all violations of motor vehicle laws or ordinances (other than parking) of which you were convicted or forfeited bond or collateral during the LAST 3 YEARS. If none, state none.

Date	Violation	Date	Violation
1.		4.	
2.		5.	
3.		6.	

Show special courses or driving awards that will help you as a driver: _____

Driver Applicant's Certification (Applicant: Read and sign before submitting this application): I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by §391.23 of the Motor Carrier Safety Regulations. This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Section I: To Be Completed By Prospective Employee

I, (print name) _____ hereby authorize that:

First, Middle Initial, Last

Social Security Number

Previous employer's Name _____

Street _____

Telephone: _____

City, State, Zip _____

Fax No.: _____

may release and forward information requested by Section II (below) of this document concerning my alcohol and controlled substances testing records to:

Prospective Employer: Frontier Construction Co.

Attn: Human Resources Manager

3826 Route 31 East

Jones Mills, PA 15656

Telephone: 724-593-7491

Fax: 724-593-7499

Applicant's Signature

Date

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter. Prospective employer's confidential email address is HR@FrontierENV.com

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

Section II: To Be Completed By Previous Employer Please complete & return to Prospective Employer (above)

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person had a verified positive drug test? Yes No
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the Employee's successful completion of DOT return-to-duty requirements, including follow-up tests? Yes No
(Please send this documentation back with this form, if applicable.)

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Person Completing this form Name and Title _____

Company Name _____

Street Address _____

City, State, Zip _____

Telephone: _____ Fax No.: _____

Section II Completed by (signature): _____ Date: _____

Section III: To Be Completed By Prospective Employer

This form was (check one): Faxed to previous employer Mailed Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email

Date: _____