RUITER CONSTRUCTION LLC

(702) 252-4069

www.RuiterConstruction.com

Please provide phone numbers for your former Employers and References. If your former employers and references are out of town/state, please provide us with the area code.

If you are unable to provide us phone numbers, your application will take longer for us to process.

Thank you,

Ruiter Construction, LLC

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Classes and out of town notice

Ruiter Construction, LLC applicants will be required to obtain an OSHA card and Lead Renovation card within 15 days of the hire date. Ruiter Construction, LLC will assist you in this process, by providing a discount when going through the company, however you will be required to pay for these classes and attend them on your own time.
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I have read the following notice:

Applicants Signature:_____ Date:

Manager Signature:_____ Date:

Employment Application

Programs, Services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date Of Interview: (Month/Day/Year) / /
Applicant Data How were you referred to us:	Position Applied for:

Full Name:

Address: City: State: Zip:

Phone: Mobile/Other: Email:

Date Available To Start: Social Security Number: - - Salary Requirements:

If you are under 18 years of age, can you provide a work permit? [] Yes [] No If no, please explain:

Have you ever worked for this company? [] Yes [] No If yes, when?

Are you legally allowed to work in the United States? [] Yes [] No

Type of employment desired: [] Full-Time [] Part-Time [] Temporary [] Seasonal

Have you ever pleaded guilty, no contest or convicted of a crime? [] Yes [] No If yes, Give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the Violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): State:

Summarize Your Special Skills

Previous Employment (Begin with most recent position)

Dates of Employment: From / / To / /

Company Name:	Address:	
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary:
Reason for leaving:		
May we contact your employer for a reference? [] Yes [] No		

Dates of Employment: From / / To / /

Company Name:	Address:	
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary:
Reason for leaving:		
May we contact your employer for a reference? [] Yes [] No		

Dates of Employment: From / / To / /

Company Name:	Address:	
City:	State:	Zip:
Phone:	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:		Ending Salary:
Reason for leaving:		
May we contact your employer for a reference? [] Yes [] No		

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for employment decision. I herby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge

Signature of Applicant: _____ **Date:** _____

Contract Employee Background Check

Notice to Job Applicants

Your prospective employer has contracted with _____ a licensed Private investigations Agency to verify certain information contained in your application for employment, conditional job offer or provided you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

Personal Information (Please Print using black ink)	
It is possible that your employment may be determined in whole or in part by your prospective employer using data from this report. Pursuant to Section 609 of the fair Credit Reporting Act, you may be entitled to a copy of this report.	
Applicant's Legal Name:	
Please provide any other name used for prior employment or school that differs from the above.	
Other Names Used:	
Date Of Birth (MM/DD/YY)	**Social Sec No:**
Driver's License No:	**State:**

Permanent Home Address:_____

(Street Address) (Apt. No.)

_____

(City) (State) (Zip)

Home Phone:	**Cell:**	**Email:**

Check One:
Gender: [] Male [] Female Marital Status: [] Single [] Married

Have you ever been convicted of a felony? [] Yes [] No Have you ever filed for bankruptcy? [] Yes [] No

Emergency Information

Contact Name:	**Relationship:**
Home Phone:	**Work No:**
Cell No:	**Pager No:**

This form must be completed to be considered for employment.

1. Tell us something about yourself?

   _____

2. What skills do you have to offer our company?

   _____

3. What are some of your strengths?

   _____

4. What are some of your weaknesses?

   _____

5. What did you enjoy most about your last employment?

   _____

6. Would you be successful working with a team?

   _____

7. Are you able to work on several tasks at once?

   _____

8. How do you feel about working overtime?

   _____

9. How do you think a former supervisor would describe your work?

   _____

10. This job requires lifting, climbing, going into attics, roofing, and some occasions crawling under homes. Can you do this without any accommodations?

    _____

11. Do you have basic hand tools such as hammers, tape measure, skill saw, drill, screwdrivers, pliers, utility knife?

    _____

12. Do you have your own vehicle to get from job to job?

    _____

13. Are you willing to travel throughout the state of Nevada when needed and stay approximately 1 to 2 weeks?

    _____

***Note: Tools and Transportation are Required**

If you do not have tools, transportation, and a **valid driver's license**, we will not be able to hire you. If you state that you have tools and transportation and are hired and show up without the above items, you will be released immediately!

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this form shall be grounds for dismissal.

Signature:_____ Date:_____

Please give a brief description of your knowledge/years of experience in the following areas:

1. Carpentry	
2. Plumbing	
3. Electrical	
4. HVAC	
5. Painting	
6. Drywall	
7. Stucco/Plaster	
8. Insulation	
9. Roofing	
10. Welding	
11. Flooring	
12. Windows	
13. Supervisor/Management	

14. Lead	
15. Asbestos	
16. OSHA	
17.	
18.	
19.	
20.	

Employee Name: _____

Work Tools Mandatory for Employment

Please check any tools you may already have.

Cordless Kit

1.) Sawzall	[ ]
2.) Circular Saw	[ ]
3.) Impact Screw Gun	[ ]
4.) Drill Cordless Preferred	[ ]
5.) Flashlight	[ ]

Hand Tools

1.) Screw Drivers	[ ]
a. 6 in 1 or separate flat/ phillips	[ ]
b. Nut drivers - 1/4" & 5/16"	[ ]
2.) Hammer	[ ]
3.) Channel lock plyers (2)	[ ]
4.) Pry-bar (small and large)	[ ]
5.) Razor knife	[ ]
6.) Scraper - 3"	[ ]
7.) Tape measure - 25' - 30'	[ ]
8.) File (metal)	[ ]
9.) Hacksaw	[ ]
10.) Tin snips	[ ]
11.) Caulking Gun	[ ]
12.) Level 2' Minimum	[ ]
13.) 4' or 6' ladder	[ ]

If you do not have these items on the 1st schedule day of work you will be released.

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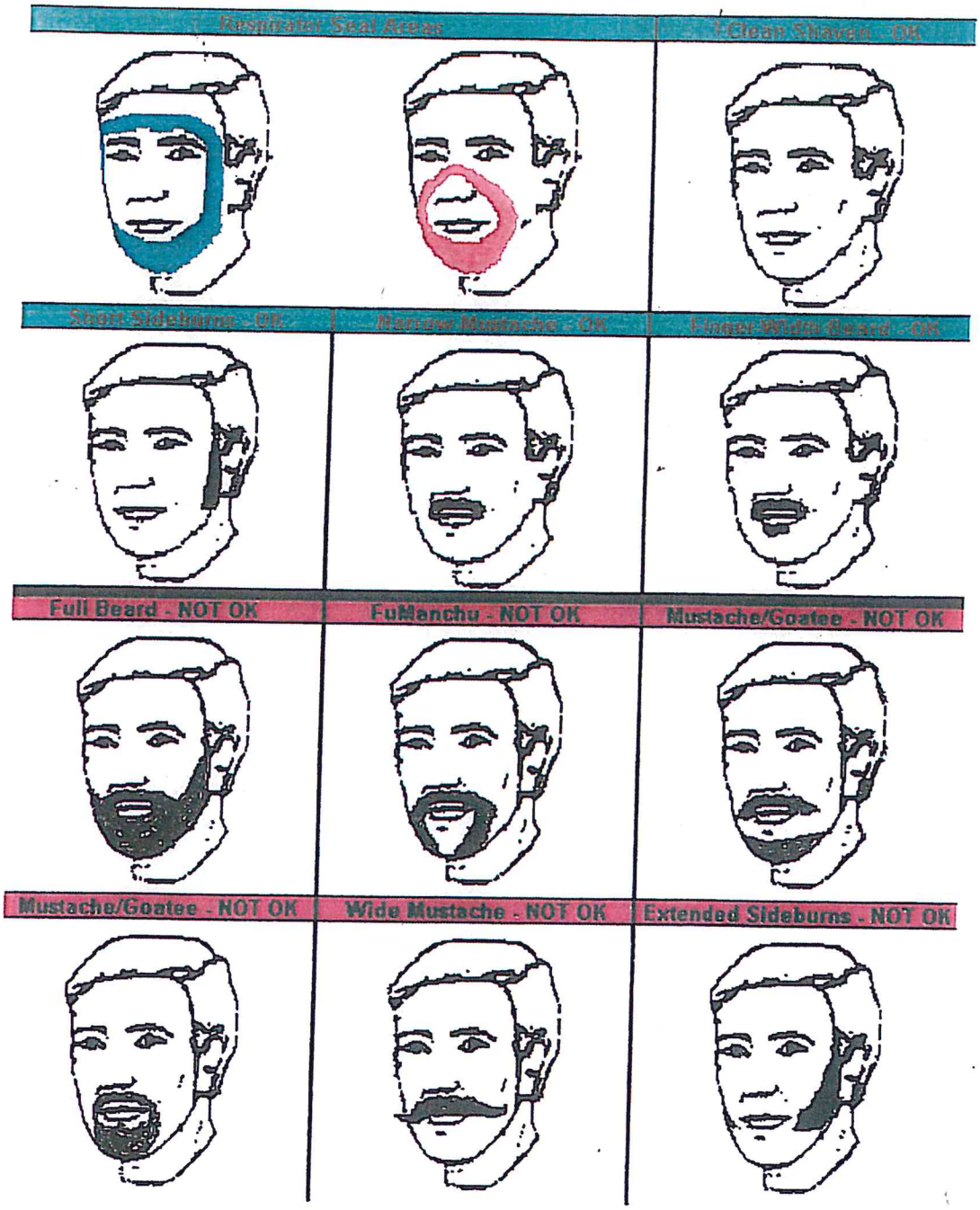
Thank you,

Ruiter Construction, LLC

Visual Representation of
OSHA Fit Testing Requirements
29 CFR 1910.134



FACIAL HAIR POLICY FOR RESPIRATOR FIT TESTING

The supervisor/foreman of the employee(s) required to wear a respirator will notify each of the employees at least one day prior to the fit testing of the respirator. This will allow the employee to be clean shaven before they come to work and are fit tested.

The following requirements apply to ensuring a proper fit of the respirator mask to the employees face:

* The employee must be clean shaven in the sealing periphery of the face piece of the respirator mask.
* The employee must not have facial hair or hair styles that interfere with or adversely affect the form, fit, or function of the respirator.
* Facial hair must not protrude from under the respirator mask seal or interfere with respirator valve functions.

The above requirements do not necessarily mean that an employee who must be respirator fit tested must also be completely free of all facial hair before going through the fit testing process. If the facial hair of the employee allows all the above requirements to be met, the employee will be in compliance with the policy.

If the employee to be fit tested is not clean shaven, or it has been several hours since the employee shaved and he has excessive facial hair, the vendor personnel conducting the fit testing will explain that UP is required by Federal law to have the respirator fit test administered. They will also provide the employee with shaving cream and a disposable razor, instruct the employee to shave, and then return to the unit for testing.

If, after the above steps are taken and the employee is found not to be in compliance, or refuses to be in compliance with the facial hair requirements for fit testing; they are considered disqualified and are sent home without pay. They may return to work after they comply with the policy and are able to get a proper seal on their respirator. Continued failure to comply with the above policy instructions will result in disciplinary action for insubordination. (Level 5)

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Facial Hair Policy for Respirator Fit Testing

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I have read the following notice:

Applicant Signature:_____ **Date:** _____

Manager Signature:_____ **Date:**_____