



**NATIONWIDE
CONSTRUCTION GROUP**
An RMD Holdings, Ltd. Company
An Equal Opportunity Employer

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Mailing Address - PO Box 458, Richmond MI 48062
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www.nationwide-companies.com

NATIONWIDE CONSTRUCTION GROUP **EMPLOYMENT APPLICATION**

VALID FOR 10 DAYS ONLY

APPLICANT NOTE: This employment application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all applicable questions completely and accurately. Making false or misleading statements during the interview or on this application are grounds for terminating the application process or, if discovered after employment, terminating your employment.

Nationwide Construction Group (“Nationwide”) is committed to a policy of Equal Opportunity and will not discriminate against an applicant or employee based on race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, marital status, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application will be solely used to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Date _____

GENERAL INFORMATION

Full Name _____
 First Middle Last

Address _____
 Street City State Zip

Telephone number () _____

Alternate telephone number () _____

Date available for work _____

Email _____

In case of emergency, who should we contact?

Name _____ Telephone number () _____

Are you legally authorized to work in the United States? Yes No

Are you at least 18 years old? Yes No

(If no, you may be required to provide authorization to work)

Do you currently have a valid driver's license? Yes No

License number _____ State of issue _____ Expiration date _____

Do you currently have a commercial driver's license (CDL)? Yes No

How did you learn about the position? _____

POSITION INFORMATION

Position applied for _____

Working overtime hours is expected for continued employment. Are you able to meet this requirement? Yes No

Can you perform the essential functions of the job with or without reasonable accommodation?
 Yes No

EDUCATION

High School _____

College _____

Graduate School _____

Vocational Training _____

BACKGROUND INFORMATION

During the past year, were you discharged or asked to resign from any position? Yes No If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been convicted of a felony that has not been expunged or sealed? Yes No

PERSONAL/PROFESSIONAL REFERENCES

List two personal/professional references (other than those listed as a current/former supervisor) that we may contact

Name _____ Telephone number _____

Email _____ Type of acquaintance _____

Name _____ Telephone number _____

Email _____ Type of acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past three years, starting with the most recent or present employer. Resumés may not be substituted in lieu of completing the following employment information.

Current Employer _____

Telephone number () _____

From _____
 Month Year

To _____
 Month Year

Your position _____

Supervisor's name/title _____

May we contact? Yes No

If not, why? _____

Primary Responsibilities _____

Employer _____

Telephone number () _____

From _____
Month Year

To _____
Month Year

Your position _____

Supervisor's name/title _____

May we contact? Yes No

If not, why? _____

Primary Responsibilities _____

Employer _____

Telephone number () _____

From _____
Month Year

To _____
Month Year

Your position _____

Supervisor's name/title _____

May we contact? Yes No

If not, why? _____

Primary Responsibilities _____

Employer _____

Telephone number () _____

From _____
Month Year

To _____
Month Year

Your position _____

Supervisor's name/title _____

May we contact? Yes No

If not, why? _____

Primary Responsibilities _____

You must sign the attached Certification and Agreement

CERTIFICATION AND AGREEMENT

Please read carefully and initial each paragraph before signing

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for withdrawal of the conditional offer of employment, and after employment, termination of my employment. I also understand that all information contained in this application is subject to verification.

_____ Initials

I authorize Nationwide to contact my listed references and prior employers for the purpose of verifying the information I have provided. I release all parties named in this application from any liability resulting from the information released. I authorize employers, schools or other persons or organizations named in this application to provide any information requested. I specifically waive any right to be notified under any law of the release of personnel file information by prior employers.

_____ Initials

I understand that all job applicants are subject to drug testing after receiving a conditional offer of employment. Any information gathered from this drug testing will be kept confidential and disclosed only as lawfully permitted and maintained separate from your personnel files. All offers of employment with Nationwide are conditioned on the applicant submitting to, and successfully completing and passing, a drug test in accordance with the testing procedures described in Nationwide's Health & Safety Manual. I consent and agree, freely and voluntarily, to cooperate with such drug testing and understand that a refusal to submit to such drug testing, or refusal to sign a necessary authorization form, will result in Nationwide withdrawing its conditional offer of employment. I also understand that a failure to pass the drug test will result in Nationwide withdrawing its conditional offer of employment. I also consent and agree, freely and voluntarily, to cooperate with post-employment drug and alcohol testing in accordance with Nationwide's Health & Safety Manual.

_____ Initials

I understand that all job applicants are required to complete a medical inquiry questionnaire after receiving a conditional offer of employment to determine if the applicant can perform the essential functions of the job comprehended by the conditional job offer. If required, a medical examination will be conducted at a medical facility selected by Nationwide and will be paid for directly by Nationwide. Any information gathered from this medical examination will be kept confidential and disclosed only as lawfully permitted and maintained separate from your personnel files. The medical examination will be related to the essential functions of the job comprehended by the conditional job offer. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job comprehended by the conditional job offer. I consent and agree, freely and voluntarily, to complete the questionnaire and to cooperate with such examination and understand that a refusal will result in Nationwide withdrawing its conditional offer of employment. I also consent and

agree, freely and voluntarily, to cooperate with post-employment medical examinations and inquiries if they are job-related and consistent with business necessity.

_____ Initials

I hereby release Nationwide and any testing agency retained by it, and their officers, employees, and agents from any and all claims or liability of any nature, which I waive, arising from: any such drug and alcohol testing or medical examination, decisions made regarding my employment or termination of employment based upon the results of such testing or examination, or any alleged violation of privacy or other rights by reason of such testing or examination, disclosures of testing or examination results, or decisions made with respect to same. I agree that a photostatic copy of this authorization, waiver and release as signed by me shall have the same validity and function as would the original.

_____ Initials

In consideration of my employment, I agree to conform to every one of Nationwide's rules and regulations as contained in its Employee Handbook and additional standards of conduct and particularized policies, whenever formulated, and in whatever format, and in particular, Nationwide's non-harassment and sexual harassment policies, which I have signed.

_____ Initials

*** At-Will Employment ***

I understand that Nationwide operates under the principle of employment at-will. This means that neither I nor Nationwide has entered into a contract regarding the continuation or duration of my employment. I am free to terminate my employment at any time, with or without reason. Likewise, I agree that Nationwide has the right at any time and in its sole discretion, with or without cause, to terminate my employment, change my position, alter my compensation, assign work on a job-by-job basis regardless of the rate of pay or the type of work previously assigned, and to impose disciplinary measures. I understand that a conditional offer of employment does not alter in any way the at-will status of my employment.

_____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____

Date _____