



100% Employee Owned

APPRENTICE PROGRAM APPLICATION

We are an Equal Employment Opportunity employer – EEO/Affirmative Action
 This application will be valid for ninety (90) days only. If you wish to continue to be considered for employment, you must fill out a new application.

Personal Information

		Date of Application	Telephone Number	Mobile Number
Name	First	Last	MI	
Address	Street	City	State	Zip
Mailing Address (if different)	Street	City	State	Zip
Position Applying For	Are you at least 18 years of age?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you legally eligible to work in the U.S.?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>To the extent governed by Federal Law, we will require proof of employment eligibility.</i>
Have you applied with us before?	<input type="checkbox"/> Y <input type="checkbox"/> N	If so, when?	Referred by:	

Education

	Name and Location of School	No. of Years Attended	Hours Requested	Subjects Studied/Degree
High School				
College/University				
Other School/Training				

KE&G will consider an Applicants request for previous credit toward the Apprenticeship Program. The maximum allowable credit that may be granted by a Program Sponsor (KE&G) is 50%. The information you provide in this form will be evaluated during your Probation Period. You must provide records, affidavits, and other supporting documentation to verify the information you provide.

Please List any Educational Training you have that relates to the KE&G Apprentice Program, if any. Otherwise, no additional information is required.

Employment History

List below the last 3 employers, beginning with the most recent. Attach a separate sheet if necessary.

Date		On the Job Learning Experience/Name	Hours Requested	Position	Reason for Leaving
From	To				
From	To				
From	To				

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Please List any On-the-Job Training you have that relates to the KE&G Apprentice Program, if any. Otherwise, no additional information is required.

References

Please provide the names of at least 2 persons not related to you, whom you have known for at least one year.

1	Name		Phone Number	
	Business	Address		Years Acquainted
2	Name		Phone Number	
	Business	Address		Years Acquainted

NOTE: The following information is for affirmative action purposes as required by the Department of Labor

<p>Veteran Status:</p> <p><input type="checkbox"/> Yes, I am a Veteran</p> <p><input type="checkbox"/> No, I am not a Veteran</p>	<p>Race/Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish Culture or origin regardless of race.</p> <p><input type="checkbox"/> White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Black or African American (not Hispanic or Latino): A person having origin in any of the black racial groups in Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> Asian (not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Native American or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above five races</p> <p><input type="checkbox"/> I do not wish to disclose.</p>
<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	

DISADVANTAGED PERSONS:

As required for Federal and State DOL and On-the-Job Training (OJT) compliance (23 CFR Part 230, Part 230.111 and Part 230), all apprentice candidates must indicate which of the following best describes their circumstances. Please mark the box(s) for any or all statements that apply:

The Apprentice Candidate:

- Receives, or is a member of a family and/or household, which receives cash payments under a Federal, State, or local income-based public assistance program.
- Is a member of a family and/or household that receives (or has been determined within the 6-month period prior to registration for the program involved to be eligible to receive) Food Stamps/EBT card under the Food Stamp Act of 1977.
- Is a foster child on behalf of whom State or local government payments are made.
- Does not have a high school diploma or GED.
- Is from a family whose total annual household income is below the federal poverty limits.

Emergency Contact

Should you require a reasonable accommodation to interview for a job, please inform our staff of appropriate arrangements to assist you.

Emergency Contact Name	Telephone Number
Address	

Acknowledgment & Agreement

I certify that all information submitted by me on this application is true and complete. All information provided will be held confidential. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. I understand I will be required to show proof of my eligibility for employment in the United States in accordance with Federal Law and Regulations.

I understand that investigative background inquiries may be made on me, including references, employment history, driving, and criminal records, education, and other reports. These reports can include information as to my character, past performances as an employee, and records from various private, state, or federal agencies. I hereby voluntarily agree to such checks and release all parties, including past employers and KE&G Construction, Inc, from any and all liability in the information sought, provided, and obtained.

I understand and agree that as a condition of employment, I will voluntarily provide body substance samples and cooperate with any drug test required under KE&G's drug and alcohol testing program and related procedures.

In consideration of my employment, I agree to confirm to KE&G's rules and regulations. I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time, at either my or KE&G's option. I also understand and agree that no company representative other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any period of time or to make any agreements contrary to the foregoing.

As a reminder to all applicants, KE&G Construction has at its core of management philosophy and practice, a policy of equal employment opportunity for all. KE&G does not discriminate against any job applicant based on race, color, religion, national origin, handicap, age, or sex.

It is our company's policy to maintain a work environment free of harassment, intimidation, and coercion in all areas, locations, and work assignments.

Signature	Date
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