



## APPLICATION FOR EMPLOYMENT

**THIS APPLICATION PACKET MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE QUALIFIED FOR EMPLOYMENT CONSIDERATION.** Please provide accurate, detailed information in order to accelerate the processing of these documents. Address each section and enter "N/A" if you have no information to provide – or if a question is not applicable. **PLEASE DO NOT LEAVE ANY SECTION BLANK.** A separate employment application must be completed for each position for which you wish to apply.

### RESUMES WILL NOT BE ACCEPTED IN LIEU OF AN EMPLOYMENT APPLICATION.

CST-BC is an Equal Opportunity Employer and does not discriminate on the basis of race or national origin, gender, sexual orientation, religious standpoint, age, or disability status during the hiring process and provision of services from employees/contractors.

### PERSONAL DATA

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
SOCIAL SECURITY NO.:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME/PRIMARY PHONE NO.:		Alternate/Mobile Phone No.:		Email Address:	
CURRENT STREET ADDRESS:			CITY:		STATE:
					ZIP CODE:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			State:		License No.:
DL Classification: <input type="checkbox"/> Regular/Class C <input type="checkbox"/> CDL/Class A <input type="checkbox"/> CDL/Class B					Expiration Date:

### APPLICATION / EMPLOYMENT STATUS

Date of Application:	Prior position(s) and date(s) of employment with CST-BC:		
List any individuals who referred you to this company for employment:		Job position and/or type of work for which you are applying:	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		Desired wage/salary:	
Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work:	

### EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		YES	NO		
COLLEGE		YES	NO		
GRADUATE		YES	NO		
TECHNICAL/ TRADE or OTHER		YES	NO		

## EMPLOYMENT HISTORY

**PLEASE LIST ALL EMPLOYMENT DURING THE PAST 15 YEARS** (regardless of job duties and duration of employment).  
**ATTACH ADDITIONAL PAGES, IF NECESSARY**

### CURRENT OR MOST RECENT EMPLOYER:

(Please leave NO empty spaces below – cross out or mark “N/A” if requested information is not applicable or unavailable.)

Start Date:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:							

Start Date:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:							

Start Date:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:							

## PERIODS OF UNEMPLOYMENT

Please provide dates and details of any periods of unemployment (**include all gaps in employment**):


### MILITARY SERVICE RECORD

Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of discharge:	
If yes, list branch:			
Dates of service:	From:	To:	Training and special skills:

### CRIMINAL RECORD

**Note: A criminal record or conviction may not disqualify you from consideration for employment. However, you will not be considered if you fail to truthfully complete this section.**

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list date(s) and nature of offense(s):		
Name and location of court:		Disposition of case:	
Name of probation/parole officer:		Are there any felony or misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Phone No:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### PERSONAL REFERENCE DATA

Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
May we contact the above individuals for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain):			

### PHYSICAL CAPABILITIES / JOB DUTIES

**The following functions may be essential requirements of this position. Please rate your ability to perform the following functions and tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):**

Operate a fork truck and/or loader.		Bend/squat and/or extend arms overhead several times per day.	
Lift up to 50 lbs. multiple times per day.		Occasionally work in adverse weather conditions (e.g. high wind/dust, rain, heat, & cold temperatures).	
Adjust brakes, tighten bolts/fasteners, and reassemble equipment and machinery.		Work cooperatively and communicate effectively with co-workers and subordinate employees.	
Disassemble and overhaul internal combustion engines, pumps, generators, transmissions, clutches, and rear ends.		Occasionally perform tasks not usually associated with regular duties (helping when needed or short-staffed).	
Climb a 10-foot ladder multiple times per day.		Weld (list specific type of welding experience below).	

### SKILLS/QUALIFICATIONS AND EQUIPMENT EXPERIENCE

List licenses/certifications you currently hold (attach additional pages, if necessary):	Date acquired:
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
List special equipment/tools you have had experience utilizing:	Months/years of experience:
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

## ABOUT HCI AND THE HIRING PROCESS:

Hatcher Consultants, Inc., or “HCI,” provides management-consulting services to Concrete Supply of Topeka, Inc., Builders Choice Concrete Company, and Builders Choice Aggregates (collectively referred to as “Company” or “CST-BC”). HCI is not an employment-placement agency and applicants offered employment become employees of CST-BC. The Company has hired HCI to assist in helping to provide a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. HCI will be screening applications for completeness, honesty, and accuracy. Attached to this application is an excerpt from the federal *Fair Credit Reporting Act*, as it pertains to application screening and background checks.

**THE SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN “INVESTIGATIVE CONSUMER REPORT” INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED ISSUES), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS.**

Questions regarding your application status or the current hiring needs of CST-BC may be directed to HCI:

- Tel: **866-213-5557** (confidential email may be sent to: **employment@hciks.net**).
- Business Hours: **8:00 am to 5:00 pm, Monday through Friday.**

**I HEREBY AUTHORIZE HATCHER CONSULTANTS, INC., AND AGENTS ACTING ON BEHALF OF HCI, TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION. I FURTHER AUTHORIZE HCI TO DISCLOSE MY EMPLOYMENT HISTORY AND DATA LISTED WITHIN THIS APPLICATION TO COMPANIES AND/OR ORGANIZATIONS THAT HAVE A BUSINESS RELATIONSHIP WITH HCI.**

**I UNDERSTAND THAT IT IS THE POLICY OF THE COMPANY THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE COMPANY FOR A PERIOD OF ONE (1) YEAR.**

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company officer or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. CST-BC is an Equal Opportunity Employer and does not discriminate on the basis of race or national origin, gender, sexual orientation, religious standpoint, age, or disability status during the hiring process and provision of services from employees/contractors.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by HCI, or **discharge from employment if already hired.**

**My signature acknowledges that I have read and agree to the above statements and affirmations.**

Signature:

Date:

**BACKGROUND INFORMATION****FORM**

Fill out this form completely. **PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.** Be sure to sign when completed.

PERSONAL INFORMATION:				
Last Name:		First Name:		Middle Name:
Former Last Name #1 (alias, maiden, etc.):			Former Last Name #2:	
Current Address:		City:	State:	Zip:
How long have you lived at the above address?	Social Security No.:		Date of Birth:	

**PLEASE LIST THE TWO ADDRESSES MOST PRIOR TO YOUR CURRENT ADDRESS AND HOW LONG YOU HAVE LIVED AT EACH:**

Prior Address:	City:	State:	Zip:	Length of Time:
Prior Address:	City:	State:	Zip:	Length of Time:

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I hereby authorize Hatcher Consultants, Inc., and its designated agents and representatives to conduct a comprehensive review of my background, to be used in evaluation of my application for employment. I understand that the scope of the review may include, but is not limited to, the following areas:

<b>VERIFICATION OF SOCIAL SECURITY NUMBER</b>	<b>HISTORY OF CRIMINAL CONVICTIONS</b>
<b>MOTOR VEHICLE/DRIVER'S LICENSE RECORDS</b>	<b>EMPLOYMENT HISTORY</b>
<b>OTHER: (IF REQUIRED FOR JOB)</b>	
<b>INITIALS:</b>	

I hereby release Hatcher Consultants, Inc., and its agents, representatives, or assigned agencies, including officers, employees, or related personnel – both individually and collectively – from any and all liability for damages of whatever kind, which may, at any time, affect me, my heirs, family, or associates because of compliance with this authorization.

**I further authorize Hatcher Consultants, Inc., to disclose collected information to Concrete Supply of Topeka, Inc., Builders Choice Concrete Company, and/or Builders Choice Aggregates (collectively referred to as "CST-BC").**

Signature:

Date:

**ATTACHED TO THIS APPLICATION PACKET IS A SUMMARY OF RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS THEY PERTAIN TO BACKGROUND SCREENING FOR EMPLOYMENT PURPOSES.**

**ATTN. APPLICANTS → PLEASE SIGN & DATE THE BOTTOM OF THIS FORM ONLY**

**EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER**

TO: \_\_\_\_\_  
Former Employer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Location (City/Jobsite)

**Dear Personnel Manager:**

The individual listed below has applied to this company for employment. The applicant has advised that your firm is a past employer. As you will note from the waiver below, **the applicant has released your company from all legal liability**. You may reply by facsimile using the fax number listed below. Thank you for taking the time to assist us in this process. We will gladly return the favor should the opportunity present itself.

From: \_\_\_\_\_ **Hatcher Consultants, Inc.**  
Phone: **(866) 213-5557** **2955 SW Wanamaker Dr**  
Fax: **(888) 631-6092** **Topeka, KS 66614-5340**

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**PLEASE COMPLETE THE SECTION BELOW**

Position/Title: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Resigned w/Notice ☐ Resigned without Notice ☐ Laid Off Permanently ☐ Laid Off Temporarily ☐ Terminated from Employment

Would you re-employ this person? ☐ YES ☐ NO If NO, please explain: \_\_\_\_\_

Was the employee punctual? ☐ YES ☐ NO Did the employee get along well with co-workers and supervisors? ☐ YES ☐ NO

Was disciplinary action ever taken against the employee? ☐ YES ☐ NO If YES, please explain: \_\_\_\_\_

Did the employee ever test positive for drugs and/or alcohol? ☐ YES ☐ NO ☐ Drug/alcohol testing not conducted

**Did the employee ever have an accident on the job?** ☐ YES ☐ NO

If YES, please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN BELOW**

I, the undersigned, hereby authorize this prior employer to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all drug/alcohol tests, confirmed test results, my refusal to submit to any drug/alcohol testing, and any rehabilitation completed under directions of an SAP/MRO) to companies (and/or authorized agents) who have requested said information in connection with my application for employment. I hereby release the aforementioned companies (including its employees, officers, directors, and agents) from any and all liability of any type, or damage that may occur, as a result of the truthful disclosure and provision of the above information.

\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMARY OF APPLICANT'S RIGHTS UNDER THE FCRA

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For applicable Kansas laws, refer to KS Stat § 50-705 (2014) and 50-704. For other states, contact the applicable attorney general or consumer protection agency.

For more information about your federal rights as they pertain to the background screening process applied to this employment application, use the following contact information:

Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

- or -

Federal Trade Commission  
Consumer Response Center – FCRA  
Washington, DC 20580  
Tel: 877-382-4357

## FCRA DISCLOSURE STATEMENT AND APPLICANT'S ACKNOWLEDGEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE:

DATE:



## REQUEST FOR WORKERS COMPENSATION RECORDS

K-WC 97 (Rev. 3-14)

MAIL: Division of Workers Compensation  
401 SW Topeka Blvd., Suite 2  
Topeka, KS 66603-3105  
FAX: (785) 291-3430

Requestor name: DAVID R. HATCHER Phone: ( 785 ) 271-5557

Company or Entity: HATCHER CONSULTANTS, INC. Fax: ( 785 ) 271-8333

Address: 2955 SW WANAMAKER DR

City, State, ZIP: TOPEKA, KS 66614-5318

Worker's name: \_\_\_\_\_ SSN: \_\_\_\_\_

Records sought: ☒ Accident report summaries ☒ Docket summaries ☒ Actual filings  
☐ Electronic download (registered users only; if not yet registered, see form K-WC 96)

In order to acquire accident reports or medical records, the requestor **must** be in category I or II below. Specify which categories pertain to you and provide the accompanying information:

- I) Are you: ☐ the employer of a worker seeking workers compensation benefits  
☐ an insurance carrier with coverage of a worker seeking workers compensation benefits  
☐ an insurance carrier's attorney/representative for the employer

Date of accident: \_\_\_\_\_

- II) Are you: ☒ an employer which has made a conditional offer of employment to the individual whose records are sought  
☐ an insurance carrier of an employer which has made an employment offer to the individual whose records are sought  
☐ an insurance carrier's attorney/representative for the employer

Type of job conditionally offered to the individual: \_\_\_\_\_

**The following release must be signed by the worker to whom the offer of employment was made:**

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Kansas Division of Workers Compensation and give the division permission to release the records specified to the individual or entity making the request.

Signature of worker: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of requestor:  Date: \_\_\_\_\_

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that Social Security numbers be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.





## EQUAL OPPORTUNITY EMPLOYMENT FORM

**THIS FORM IS VOLUNTARY** and may be partially or completely filled out upon completion of your application packet.

The information requested below is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application packet once it is complete.

### PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Current Address:			City:	State:	Zip:
Sex (circle one): MALE      FEMALE		Social Security No.:		Date of Birth:	

### ETHNIC ORIGIN (please circle your selection):

White/Caucasian      Black/African-American      Hispanic      Asian/Pacific Islander  
Native American      Mixed or Other: \_\_\_\_\_

### JOB CATEGORY (please circle your selection):

Driver      Laborer      Mechanic      Office      Other: \_\_\_\_\_

### SPECIAL STATUS<sup>1</sup> (please circle all that apply):

Veteran      Spouse of a Veteran      Orphan of a Veteran      Disabled Veteran  
Vietnam-Era Veteran      Other Protected Veteran      Newly Separated Veteran

Please describe how you became aware of this job opening: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

EEOC Job Category:  
CST-BC

<sup>1</sup> As defined by the US Department of Labor, 41 CFR 61 250 and/or §U.S.C 3106