

# R. W. DUNTEMAN COMPANY

## APPLICATION FOR EMPLOYMENT (AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

Name: \_\_\_\_\_  
Last      First      Middle

Social Security Number \_\_\_\_\_

Present Address: \_\_\_\_\_  
No.      and      Street

Driver's License No. \_\_\_\_\_  
Position may require use of a car or other motorized vehicle

City/State/Zip: \_\_\_\_\_

Classification: \_\_\_\_\_ State: \_\_\_\_\_ Exp/Yr: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

List the Position for which you are applying: \_\_\_\_\_  
Construction Trade Local Union Affiliation

Date Available for Work: \_\_\_\_\_ Describe your skills & experience \_\_\_\_\_

**Education. List any schools (include trade schools) you have attended below:**

Name of School	Dates Attended	Course	Certificate, Degree or Diploma Earned

If hired can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_ No \_\_\_

Do you have any physical or mental conditions which may impair your ability to perform the duties of the position for which you are applying? Yes \_\_\_ No \_\_\_ If yes, describe the condition and the nature of your work limitations: \_\_\_\_\_

Have you been referred by any person or organization? Yes \_\_\_ No \_\_\_

If yes, list referral source \_\_\_\_\_

**Previous Employment (Last Three Employers)**

From	To	Name and Address of Previous Employers	Position	Rate of Pay	Reason for Leaving

I swear that the information contained in this Application for Employment is true, and I authorize R. W. Dunteman Company ("Company") to seek references from my former employers. I further agree that, if hired, either Company or I may terminate our relationship at will, without notice, and for any reason. Moreover, I understand that only the president of the Company may enter into any agreement concerning the length of my employment.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II**

The Company does not discriminate on the basis of sex, national origin or race and asks such questions to comply with obligations as a federal contractor.

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

I swear that the information contained in this Employee Information Sheet is true, and I authorize R.W. Dunteman Company ("Company") to seek references from my former employers. I further agree that, if hired, either Company or I may terminate our relationship at will, without notice, and for any reason. Moreover, I understand that only the President of the Company may enter into any agreement concerning the length of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PART III**

(THIS PART NEED NOT BE COMPLETED AND IS OPTIONAL)

- 1. Do you have a handicap or are you a disabled veteran? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Are you a Vietnam era veteran? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. If yes, are there any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

- 4. Are there any accommodations which this employer could make which would enable you to perform the job properly and safely, including special equipment, changes on physical layout of the job, elimination of certain duties relating to the job, or other accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**ALL PERSONS COMPLETING PART III  
WILL BE TREATED ACCORDING TO THE FOLLOWING:**

- A. This employer is a government contractor subject to section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you have such a handicap and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed.
- B. If you are handicapped, we would like to include you under the affirmative action program. It would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

**LABOR UNIONS CONTACTED BY THE  
R. W. DUNTEMAN COMPANY**

AUTOMOBILE MECHANICS LOCAL 701  
500 W. PLAINFIELD RD.  
COUNTRYSIDE, ILLINOIS 60525  
BOB KEPPLER - BUSINESS AGENT  
708-482-1720

SUBURBAN TEAMSTERS LOCAL 673  
32W 420 WEST ROOSEVELT RD.  
WEST CHICAGO, ILLINOIS 60185  
AL SCHOLTENS - BUSINESS AGENT  
630-231-6660

MIDWEST OPERATING ENGINEERS LOCAL 150  
6200 JOLIET RD.  
COUNTRYSIDE, ILLINOIS 60525  
BILL VETER - BUSINESS AGENT  
708-482-7300 708-482-8800 (DISPATCH)

LABORERS LOCAL 96  
800 ROOSEVELY RD.  
GLEN ELLYN, ILLINOIS 60137  
JOE RILEY - BUSINESS AGENT  
630-655-8765  
630-469-3937 (DISPATCH)

LABORERS LOCAL 288  
4004 NORTH CASS AVE.  
WESTMONT, ILLINOIS 60559  
TODD MASTERS - BUSINESS AGENT  
630-968-4676