



Wilton Global Development Campus, 265 Ballard Road, Wilton, New York 12831

DA Collins Construction Co, Inc. • DA Collins Environmental Services, LLC • Kubricky Construction Corp. • Palette Stone Corp.
 Jointa Galusha, LLC • ESMI • Superior Walls By Jointa Lime, LLC

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation or any other legally protected status.

| Page: | Personal Data | Education | Work History | Availability | Job Preference | Submission |
|-----------------------------------------|---------------|-----------|--------------|--------------|----------------|------------|
| Questions with a * are required fields. | | | | | | |

| | | | |
|----------------------------------|--|----------------|-------|
| Last * , First * & Middle Name * | | | |
| Phone No* | | Alt. Phone No. | |
| E-Mail Address * | | | |
| Physical Address * | | | |
| Address 2 | | | |
| City * : | | State * | Zip * |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|-------|
| Mailing Address * : | | | |
| | | | |
| City * : | | State * | Zip * |
| Are you 18 years of age or older?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | SS No. * | |
| If <i>under</i> 18 years of age, can you provide proof of eligibility to work? * (Persons under 18 years of age <i>MUST</i> supply working papers) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have evidence of authorization to work in the United States which you can present if a job offer is made? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been convicted of a felony? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Explain: | | | |

| School Name | City, State | Years Attended? | Graduate? |
|-----------------------------------------------------|-------------|-----------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major/ Specialty: | | | |
| List special abilities, activities, awards, honors: | | | |

| School Name | City, State | Years Attended? | Graduate? |
|-----------------------------------------------------|-------------|-----------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major/ Specialty: | | | |
| List special abilities, activities, awards, honors: | | | |

| School Name | City, State | Years Attended? | Graduate? |
|-----------------------------------------------------|-------------|-----------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major/ Specialty: | | | |
| List special abilities, activities, awards, honors: | | | |

| | |
|-----------------------------------------------------------|----------------------------------------------------------|
| Have you ever attended a Construction Career Days Event?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <i>List any experience or special education received in the military:</i> | |
| | |
| If you were in the military, are you a participant in the USAREC Partnership for Youth Success (PaYS) Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Our jobs often require heavy lifting. Can you lift up to 50 pounds regularly during a shift? * | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please provide any additional information or list any special skills that you have (including training, equipment operation, special tools or other activities) which you believe would help us in better understanding your qualifications for this job? | |
| | |

| Dates | Name, Address and Telephone Number | Job Title | Rate of Pay |
|---------------------|------------------------------------|-------------------------------|----------------------------------------------------------|
| From: | | | |
| To: | Phone: | Supervisor: | |
| Reason for Leaving: | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Dates | Name, Address and Telephone Number | Job Title | Rate of Pay |
|---------------------|------------------------------------|-------------------------------|----------------------------------------------------------|
| From: | | | |
| To: | Phone: | Supervisor: | |
| Reason for Leaving: | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Dates | Name, Address and Telephone Number | Job Title | Rate of Pay |
|---------------------|------------------------------------|-------------------------------|----------------------------------------------------------|
| From: | | | |
| To: | Phone: | Supervisor: | |
| Reason for Leaving: | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| I can work: | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary <input type="checkbox"/> Weekday Overtime <input type="checkbox"/> Weekend Overtime | | |
| When Can you Start? | | Are you currently on a "Lay-off" status and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------|--|
| Job Applying For: | |
|-------------------|--|

| | | | |
|-----------------------------------------------|----------------------------------------------------------|--------------------|--|
| Have you filed an application with us before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what date? | |
|-----------------------------------------------|----------------------------------------------------------|--------------------|--|

| | | |
|-------------------------------------|----------------------------------------------------------|-------------------------------------------|
| Can you travel if the job requires? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 50 Miles or More |
|-------------------------------------|----------------------------------------------------------|-------------------------------------------|

I CERTIFY that the answers given by me are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I understand that any employment relationship with D.A. Collins Companies is "at will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. Such an "at will" relationship may not be changed into any longer term employment obligation except through written contract signed by an executive of D.A. Collins Companies.

In the event of employment, I understand that any false or misleading information given on this application or in an interview may result in my discharge, and that I will be required to abide by all of D.A. Collins Companies rules and regulations.

In order to be considered for employment, applicant MUST sign below.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

**Affirmative Action
Voluntary Information Survey**



To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmation Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applications for all positions without regard to race, color, religious beliefs, national origin, age, marriage status, sexual preference, veteran status or any other legally protected status.

Position(s) applied for: _____ Date: _____

Referral Source:

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source: _____ | <input type="checkbox"/> Other: _____ | |

Name of person who referred you (if applicable): _____

Applicant Information:

| | | |
|-------------------------|--------------------------|---------------------|
| Last Name: _____ | First Name: _____ | Phone: _____ |
|-------------------------|--------------------------|---------------------|

Address: _____

Address2: _____

| | | |
|--------------------|---------------------|-------------------|
| City: _____ | State: _____ | Zip: _____ |
|--------------------|---------------------|-------------------|

Check One: Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|-----------------------------------------------------------|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian/ Pacific Islander | |

Special Notice:

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government Contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect you consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veterans (served between 1964-1975) Disabled Veteran Individual with a disability