



EMPLOYMENT APPLICATION

To ensure that your application is processed, all information must be complete, legible and accurate.

- Carefully read each page, as some requirements apply only to individuals seeking a driving and/or CDL Position.
- If the answer to a question is not applicable, please enter "N/A" in the appropriate space provided.
- Please ensure that you sign ALL sections requiring your signature.
- Initial and date each of the mandatory notification boxes.
- Human resources will contact previous employers and references using the information provided on this application and if applying for a driving position, we will also review your driving record.

In order to attract and retain the best possible applicants, Next Generation Construction & Environmental requires, at minimum, the following items from applicants if they are to be considered for hire:

- Background Screen
- Drug Screen
- Motor Vehicle Report (If applicable)
- Worksteps

We appreciate your patience and understanding through this process. Thank you for taking the time to apply with NG Companies!

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY EMPLOYMENT LAWS, NG COMPANIES IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN REGARDS TO: RACE, COLOR, NATIONAL ORIGIN, RELIGION, DISABILITY, AGE, OR GENDER.



EMPLOYMENT APPLICATION

Document #:	APP-2
Revised by/Date:	J.Caro - 09/16/2019
Revision #:	2
Approved By/Date:	C.Lente - 09/16/2019

NG Companies, LLC (NGC) is an Equal Opportunity and Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation.

PLEASE PRINT OR TYPE. Complete the entire application. You may attach a resume, but you must still Complete all questions; or your application will be deemed incomplete and may not be considered.

Date:	Position Applying For:
Name (Last, First, Middle):	
Street Address:	City, State & Zip:
Home/Cell Phone:	Email:

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide an I-9 with supporting documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 21 years of age? (Required for driving positions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently working for another employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If currently employed, may we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of School	City/State	Did you graduate?		If No, # of years left	Degree Received	Major
High School:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please List Other Credentials and/or Certifications:						

SKILLS: List technical skills, clerical skills, trade skills, etc., relevant to the position you are applying for. Please note your level or proficiency (basic, intermediate, expert).

WORK EXPERIENCE - Please detail your applicable/recent work history. Begin with your **current** or most recent employer. If you held multiple positions with the same organization, detail the last position held. **Attach additional sheets if necessary.**

PLEASE NOTE: NG Companies, LLC reserves the right to contact all current and former employers for reference information.

Most Recent

Employer Name:				Address:				
Phone Number:			Supervisor Name, Title and Phone #:					
Secondary Reference Name, Title and Phone #:								
Employment dates from:			to			Job Title:		
Job Duties:								
Reason for Leaving:					May we contact your references:		<input type="checkbox"/> - Yes	<input type="checkbox"/> - No

SECOND

Employer Name:				Address:				
Phone Number:			Supervisor Name, Title and Phone #:					
Secondary Reference Name, Title and Phone #:								
Employment dates from:			to			Job Title:		
Job Duties:								
Reason for Leaving:					May we contact your references:		<input type="checkbox"/> - Yes	<input type="checkbox"/> - No

THIRD

Employer Name:				Address:				
Phone Number:			Supervisor Name, Title and Phone #:					
Secondary Reference Name, Title and Phone #:								
Employment dates from:			to			Job Title:		
Job Duties:								
Reason for Leaving:					May we contact your references:		<input type="checkbox"/> - Yes	<input type="checkbox"/> - No

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN AT THE BOTTOM OF THIS PAGE.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize NGC to investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to NGC all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release NGC, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between NGC and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with our without prior notice, or with or without cause, at the option of either myself or NGC, and that no promises or representations contrary to the foregoing are binding on NGC unless made in writing and signed by me and NGC's designated representative.

_____ I understand that in connection with my application for employment, NGC may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by NGC is contingent upon receipt of a favorable consumer or investigative consumer report about me.

_____ I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

_____ I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH NEXT GENERATION CONSTRUCTION & ENVIRONMENTAL.

This application, when completed and signed, becomes the property of NGC.

Applicant Signature: _____

Date: _____



SELF-IDENTIFICATION OF RACE/ETHNICITY

Document #:	SIORE-1
Revised By/Date:	J.Caro / 05/24/19
Revision #:	Initial
Approved By/Date:	C.Lente / 05/24/19

Name: _____ Date: _____

Position(s) for which you are applying for: _____

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Document #:	VSIOD-1
Revised by/Date:	J.Caro / 05/24/19
Revision #:	Initial
Approved By/Date:	C.Lente / 05/24/19

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.