



Application for Employment
 Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

(Vecellio & Grogan, Inc., Sharpe Brothers, White Rock Quarries, South Florida Materials Corp, South Florida Petroleum Services, Beckley Management, LLC, Beckley Equipment Repair, LLC, Vecenergy. Ranger Construction Industries, Inc., Vecellio Management Services, Inc.)

Position Applied For: _____ **Date:** _____

Last Name _____ **First** _____ **Middle** _____

Street Address _____ **Home Telephone** () _____

City _____ **State** _____ **Zip** _____ **Business Telephone** () _____

Have you ever applied for employment with us? Yes No **If yes, Month and Year?** ____/____ **City** _____ **Social Security #** _____

Are you able to perform the essential functions of job for which you are applying? Yes No **If no, is there an accommodation which will enable you to perform the job?** _____

Apart from absences for religious observance, are you available for full time work? Yes No **If not, what hours can you work?** _____ **Will you work overtime?** Yes No

Are you legally eligible for employment in the United States? Yes No **Are you over the age of 18?** Yes No

When will you be available to begin work? _____ **Pay Expected:** _____

Have you ever been employed by: PAVEX Corp., Ranger Construction Industries, Inc., Ranger Construction – South, Cliff Berry, Vecellio & Grogan, Inc., White Rock Quarries or Martin Paving Co.? Yes No **City** _____

Driver's Licenses: List All Driver's Licenses Held in Past Three (3) Years if applicable to the position for which you are applying.

State	License #	Type	Date Surrendered	Expiration Date
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Traffic Convictions and Forfeitures. List all traffic convictions, forfeitures or suspensions of license in a motor vehicle (other than parking violations) or the past three (3) years, if applicable to the position for which you are applying (if NONE, write NONE).

Date	Location (State)	Charge	Penalty
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Accident Record. List all accidents you have been involved in while operating a truck, car, motorcycle, or other motorized vehicle including property damage in the past three (3) years, include ALL accidents whether at fault or not at fault if applicable to the you are applying (if NONE, write NONE).

Date	Type of Vehicle	Nature of Accident (Head on, Rear-end)	Were you at Fault?	Were you Ticketed?	Fatalities	Injuries	Amount of Property Damage
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- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege ever been suspended or revoked? Yes No
- Have you ever been convicted of driving while intoxicated? Yes No
- Have you ever been convicted of possession, sale or use of a narcotic drug, amphetamine, or derivative thereof? Yes No
- Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? Yes No

IF ANSWER TO ANY OF THE ABOVE IS YES, STATE CIRCUMSTANCES AND DATE: (USE THE BACK OF THIS PAGE)

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
Elementary				Yes No	
High School				Yes No	
Business/Trade/ Technical				Yes No	
College				Yes No	
Graduate School				Yes No	

Skills and Qualifications: List additional skills, qualifications, and/or types of equipment that you operate which may be applicable to the position for which you are applying.

Personal References: Give name, address and phone number of three references not related to you.

MILITARY

Did you serve in the U. S. Armed Services Yes_____ No _____

If "yes", in What Branch

Dates: From _____ To: _____ Highest Rank Achieved: _____

Rank at Discharge _____

Describe any training received in the Military relevant to the position for which you are applying.

CRIMINAL RECORD

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon , or act of dishonesty for which the record has not been sealed or expunged? _____ Yes _____ No

If "Yes," please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

This Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending bail?
 _____ Yes _____ No

EMPLOYMENT HISTORY

(last ten years, most current first)

Employer:	Your Job Title:
Address:	Duties:
	Reason for leaving:
Phone:	
Name of Supervisor:	Salary or hourly wage rate: \$ per
Days Absent (except for disability):	Employed from: to:
Employer:	Your Job Title:
Address:	Duties:
	Reason for leaving:
Phone:	
Name of Supervisor:	Salary or hourly wage rate: \$ per
Days Absent (except for disability):	Employed from: to:
Employer:	Your Job Title:
Address:	Duties:
	Reason for leaving:
Phone:	
Name of Supervisor:	Salary or hourly wage rate: \$ per
Days Absent (except for disability):	Employed from: to:
Employer:	Your Job Title:
Address:	Duties:
	Reason for leaving:
Phone:	
Name of Supervisor:	Salary or hourly wage rate: \$ per
Days Absent (except for disability):	Employed from: to:
Employer:	Your Job Title:
Address:	Duties:
	Reason for leaving:
Phone:	
Name of Supervisor:	Salary or hourly wage rate: \$ per
Days Absent (except for disability):	Employed from: to:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize a background investigation of all matters contained in this application and hereby give _____ ("Company") permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. I understand that misrepresentation, incomplete information, or omissions of facts requested in this application may remove me from further consideration for employment. In addition, if employed, any falsification or omissions of fact in this application will be cause for immediate dismissal with or without notice.

I understand that my employment is considered "at-will" with the Company and is for no specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, company policy, custom, business practice, or other procedure (including the Company Employee Handbook) constitutes an employment contract or modification of the "at-will" employment relationship between the Company and me. The contents of any manuals, as well as any policies and practices are subject to change or modification by the Company solely at its discretion, without notice.

I understand that the Company is a Drug Free Workplace and reserves the right to require me to submit to a drug or alcohol test and/or medical examination to the extent permitted by law at any time.

This application will only be considered "active" for 30 calendar days from the date of the application. If I have not obtained employment with the Company within 30 days, but remain interested in employment, I understand I must notify the Company I writing of my desire for the application to be considered for an additional 30 days.

Immigration Law Compliance Policy

Vecellio Group, Inc., and all of its subsidiaries and companies, is committed to employing only those individuals who are authorized to work in the United States. In compliance with U.S. immigration laws, each employee, as a condition of employment, must complete and Employment Eligibility Verification Form (Form I-9) and present documentation establishing identity and employment authorization. An employee may present any of the documents listed on the Form I-9 to the Company for examination.

I understand that U.S. law requires that the Company only fire individuals who are legally authorized to work in the United States. I understand further that, under Federal law, I am required to provide the Company with genuine documentation that pertains to me to establish my identity and my authorization to work in the United States and that I am required to complete Section 1 of the Form I-9 completely and truthfully. By my signature below, I affirm that I am legally eligible for employment. I hereby state that all information to be provided to the Company of Form I—9 will be true and accurate and I acknowledge my understanding that any false statement, misrepresentation of fact, or material omission with regard to such information may provide sufficient cause for termination of my employment.

Jury Trial Waiver

Should I become employed, as a condition of my employment, I agree to waive my right to a trial by jury in any action or proceeding involving any claim, whether statutory or at a common law related to or arising out of my employment or the termination of my employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.

Signature of Applicant

Date

Printed Name of Applicant

EEO DATA RECORD

Applicants are considered for all positions for which they are qualified. Applicants and employees will be treated during the selection process and employment without regard to race, color, religion, sex, national origin, age, marital status, or veteran's status, medical condition, or disability.

As an employer and government contractor, we comply with government regulations and our affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out this Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Please Print:

Name: _____ **Date:** _____

Address: _____

Position Applied For: _____

Referral Source:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Current Employee*
<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Community Employment Agency
<input type="checkbox"/> Walk-In	<input type="checkbox"/> State Employment Agency
<input type="checkbox"/> Tech School	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> College Recruitment	

*Name of employee who referred you (if any)

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, veteran, and disability status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Gender Identification (Check One): _____ Male _____ Female

Race/Ethnic Identification (check one)

_____ **Hispanic or Latino-** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

If you did not check "Hispanic or Latino" above, please one of the following race/ethnic identifications.

_____ **White**(Not Hispanic or Latino) – A person having origins in the original peoples of Europe, North Africa or the Middle East

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Asian (Not Hispanic or Latino)** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ **Native Hawaiian or Other Pacific Islanders (Not Hispanic or Latino)** – Persons having origins in Hawaii, Guam, Samoa or the Pacific

_____ **American Indian or Alaskan Native (Not Hispanic or Latino)** – Persons having origins in any of the original peoples of North America, and who maintain a cultural identification through tribal affiliation or community recognition

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

EEO DATA RECORD (Cont'd)

As a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, we employ and advance in employment qualified individuals with disabilities, disabled veterans, Vietnam era veterans, and other qualified veterans. Status as a qualified veteran includes special disabled veterans, veterans of the Vietnam era, or any other veteran who served on active duty during a war or campaign or expedition for which a campaign badge has been authorized.

If you are an individual with a disability, a disabled veteran, or other qualified veteran, you are invited to volunteer this information. The purpose of this information is regulatory record keeping requirements to determine good faith efforts and affirmative action, or to provide affirmative action. This information will not adversely affect any employment decision nor will engaging in activities based on equal opportunity and affirmative action laws including: 1. Filing a complaint, 2. Cooperating in an investigation, 3. Opposing any unlawful act or practice made unlawful, or 4. Exercising any other right protected under equal opportunity laws.

If you wish to self-identify, please check all that apply and sign below:

_____ **Disabled Veteran** – A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

_____ **Other Protected Veteran** – A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. A list to assist in making a determination is attached.

_____ **Armed Forces Service Medal Veteran** – A veteran who while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which Armed Forces service medal was awarded pursuant to Executive Order 12965 (61 Fed. Reg. 1209). A list to assist in making a determination can be attached.

_____ **Recently Separated Veteran** – A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Signature of Applicant

Date

Printed Name of Applicant

NOTICE TO EMPLOYEE REGARDING CONSUMER REPORTS

(Disclosure required by the
Federal Fair Credit Reporting Act.)

From time to time, _____ (the "Employer") may obtain consumer reports about employees from a consumer reporting agency or agencies. As part of this process, an investigative consumer report including information as to your character, general reputation, personal characteristics and/or mode of living may be requested and obtained. Should an investigative consumer report about you be obtained, you have the right, upon written request made within a reasonable period of time after your receipt of this notice, to obtain a complete and accurate disclosure of the nature and scope of the investigation requested. Also, attached hereto is a written summary of your rights under the Fair Credit Reporting Act. The Employer may use the reports in deciding whether to retain you, promote you, reassign you, or for other employment purposes.

AUTHORIZATION

I understand that the Employer may not obtain consumer reports (including investigative consumer reports) about me unless I authorize it to do so.

I understand that authorizing the Employer to obtain consumer reports about me is a condition of my continued employment.

(Instructions to Applicant: Check one box below:

- I authorize the Employer to obtain consumer reports about me.

- I *do not* authorize the Employer to obtain consumer reports about me.

Date: _____

Signature of Employee: _____

Printed Name of Employee: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

A Summary of Your Rights Under the Fair Credit Reporting Act

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 the FCRA. **For more information, including information about additional rights, go to 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 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 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.
- **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 1-888-567-8688.
- **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.

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 more information, contact your state or local consumer protection agency or your state Attorney General. For information about your Federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P O Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW. 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>