



S.W. RODGERS COMPANY, INC.

PO Box 398 + 5816 Wellington Road, Gainesville, Virginia 20156

Phone (703) 591-8400 + Fax (703) 591-8350

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Social Security #: _____ XXX-XX-____ Date: _____ Emp#: _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address or PO Box City State ZIP Code

Physical Address: _____
Street Address City State ZIP Code

Home Telephone #: _____ Cell Phone #: _____

Emergency Contact: _____
Name Relationship Phone Number

GENERAL INFORMATION

Position applied for: 1) _____ Pay/Salary Desired: _____ Yrs Exp: _____

Position applied for: 2) _____ Pay/Salary Desired: _____ Yrs Exp: _____

I have read the written job description for the position(s) and can perform all of the duties described therein. Yes
 No

Are you over 18 years of age? Yes No Date available to begin work: _____

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No If so, please give date(s): _____

Have you ever been employed by S.W. Rodgers Co., Inc.? Yes No

If so: 1) Give dates: _____

2) Did you participate in the Profit Sharing and/or 401(k) Plan? Yes No

3) Did you take a distribution upon termination? Yes No

If so, do you want to reimburse those funds back into your account, thereby receiving a credit for any prior forfeitures? Yes No

EDUCATION

High School:	<hr/>	<hr/>	Diploma:	<input type="checkbox"/> GED <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Location	Dates Attended		
Trade/Tech School:	<hr/>	<hr/>	Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Location	Dates Attended		
College:	<hr/>	<hr/>	<hr/>	
	Name and Location	Dates Attended	Major / Degree	
College:	<hr/>	<hr/>	<hr/>	
	Name and Location	Dates Attended	Major / Degree	

PREVIOUS WORK EXPERIENCE

Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		

Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		

Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		

REFERENCES

Please list three references other than relatives or previous employers.

Name: _____	Telephone: _____
Address: _____	Years Known: _____

Name: _____	Telephone: _____
Address: _____	Years Known: _____

Name: _____	Telephone: _____
Address: _____	Years Known: _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

As indication that you have read and understood each paragraph, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by S.W. Rodgers Company, Inc. (hereinafter called "Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. _____

I understand that, in connection with routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act. _____

I understand that should I be employed by the Company, I will be required, in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of my employment and failure to comply will void my offer of employment. _____

I understand that the Company requires all applicants to submit to certified medical examinations as a condition of employment. These examinations are for the purpose of safety on the job and fitness for work. A positive test result for alcohol, undisclosed controlled substances, or any illegal drug will immediately void any offer of employment. I also understand that the Company requires all employees to submit to random, certified medical examinations. A positive test result for alcohol, undisclosed controlled substances, or any illegal drug could be sufficient cause for immediate termination of employment. If a chemical test result is positive, the employee will be charged for the test. Refusal to submit to the above testing will be grounds for immediate termination of employment. _____

I understand that my employment relationship with the Company is terminable at any time, for any reason, with or without cause or notice by either party. _____

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I have read and understand the provisions outlined above and agree to be bound by the same and affirm that the information is complete and true. I understand that, if employed, my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. I further understand that I am required to abide by all rules and regulations of the Company as outlined in the employee handbook and/or subsequent policy statements handed out from time to time.

Printed Name of Applicant

Signature of Applicant

Date

S.W. Rodgers Company, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with S.W. Rodgers Company, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Upon hire, fill out the following information:

Interviewed by: _____ Hired: _____
 Position _____ Starting Rate of Pay: \$ _____ per _____ hour
 Hired for: _____ with: _____ Foreman or Crew _____ week
 Other Agreement(s)
 Made When Hired: _____

Remarks: _____

Pre-employment
 Drug Test Taken: _____
 Date: _____ Passed _____ Failed _____
 Administered by: _____

PAYROLL:

STATE CODES			LOCAL		DATES			PAY	TYP	EXEC			
TAX W/H	SUTA	W/C	CD	MULT	HIRE	START/REHIRE	BIRTH	FRQ	H / S	Y/N	OFF		
	470	470	000	N				WK	H	N	N		
UNION NO.	BEN CLS (Trk/Gas)	CLASS	EMP TYP	GRP	SALARY (2)	REG	RATE (3) OT	OTH	SHIFT	STD DEPT			
			01		000000		000000	000000	1				
SEX	STATUS		NO	FIT		FICA	FUTA	ST	MIN	STD CS	PEN	EX CRT	CNTRY
M/F	MAR	EIC	TAX	EX	Y/N/B	DLR	AMT	PCT	Y/N	Y/N	EX	CDE	Y/N
				Y				00	Y	Y	N		N

OCCUPATION DESCRIPTION: _____

CREW NO	GRP	DIST CO	JOB NO	JOB NUMBER	SUB JOB	COST CODE	CS TY	STANDARD HR(2)	CODE	00=HRLY 01=GUAR 02=SALARY
		00	000							
TMCRD	TIPS	TRIBAL	CASH			TICKET		SKILL		
Y/N	Y/N	CODE	CO	DIV	BANK G/L	NUMBER	NUMBER	HISTORY		
Y	N		00	000	00000.000		00000	N		

HUMAN RESOURCES: EEO CODE: _____

DRIVERS LICENSE			PERM	BLOOD	EMPLOYEE			
NUMBER	EXP DATE	CLASS	CIT	RES (Y/N)	TYPE	CO	DIV	NUMBER
						01	000	

RELOCATION PREFERENCE	EMERGENCY CONTACT NAME	AREA	PHONE	EMPLOYEE - INS	SUTA	LOCAL	PLAN
					470	000	

I-9 ISSUED	VISA STATUS	VACATION	MANUAL
Y/N	DATE	ELIGIBLE DATE	ACCRUAL
Y			N

PAYROLL (STATE & LOCAL WITHHOLDING):

CO NO	DIV NO	SS NUMBER	OR	EMP NO	TYPE CD	DIST NO	S=STATE L=LOCAL T=SDI C=EMPLOYEE SUTA
01	000				S		
# EXEMPT	ADDL EXEMPTS	STATE W/H TAX	TAX	W/C	TAX CREDIT	EXEM	
	1	2	Y/N/B	DLR	PCT	STATUS	REF
	00	00	Y		00		00