



2775 Norton Creek Dr.
West Chicago, IL 60185
630.377.4800
Fax 630.377.8282

ALL QUESTIONS MUST BE ANSWERED OR MARKED N/A IF NOT APPLICABLE

Architectural Cast Stone is an Equal Opportunity Employer

Qualified applicants are considered for all positions without regard of race, color, sex, age, religion, national origin, veteran status, or the presence of any non-job related medical condition or disability, or any other characteristic protected by federal, state or local law.

Architectural Cast Stone promotes a drug free workplace

PRE-EMPLOYMENT DRUG TESTING IS MANDATORY FOR ALL SAFETY SENSITIVE POSITIONS AND PER ACS DRUG TESTING POLICY

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____
Street City State Zip Code

Telephone _____ Social Security Number _____

Have you ever worked for Architectural Cast Stone before?

Yes _____ No _____ If yes, please give the month and year of when you last worked for the company _____

If the position requires you to drive, do you possess a valid driver's license for this state?

Yes _____ No _____ License Number _____ Expiration Date _____

Are you related to any staff member currently employed by Architectural Cast Stone?

Yes _____ No _____ If yes, please give the name and the position held _____

Are you willing to travel if the job requires it? Yes _____ No _____

Are you willing to relocate if necessary? Yes _____ No _____

EDUCATION Did you graduate

High School _____ Community College/Technical School _____ College _____

Diploma _____ GED _____ Degree _____ Date _____ Degree _____ Date _____

Name of educational institution(s) _____

Major Area of Study _____

Have you served an apprenticeship or internship? Yes _____ No _____

Which trade or profession? _____ Where? _____

Please list any trade union affiliation(s) _____

Trade Skill Knowledge

My trade knowledge includes the following trade(s) _____

On a scale of 1 to 5, indicate your proficiency regarding your trade/craft knowledge

- | | | |
|----------------|-----------------------------|----------------------|
| 1 None | 3 Somewhat Limited | 5 Quite Comfortable |
| 2 Very Limited | 4 Use Daily, Still Learning | 6 I can train others |

Computer Knowledge Background

On a scale of 1 to 5, indicate your proficiency regarding computers

- | | | |
|----------------|-----------------------------|----------------------|
| 1 None | 3 Somewhat Limited | 5 Quite Comfortable |
| 2 Very Limited | 4 Use Daily, Still Learning | 6 I can train others |

On the same scale, indicate your proficiency

MS Word _____ Excel _____ Access _____ AutoCad _____ Internet _____

Employment History

List your last three employers that you have been with for the past ten (10) years. Example If you have been employed with your last employer for 6 years and then one before that for 4 years, then list only those two employers. Start with the most recent. Include any military experience. Explain any gaps in employment in the comments section at the bottom of the page.

Dates Employed Month/Year

1. Last or Current Employer _____ from _____ to _____

Location _____
Street _____ City _____ State _____ Zip Code _____

Position Held _____ Starting Salary per month or wage per hour \$ _____

Ending Salary per month or wage per hour \$ _____

Brief description of duties _____

Name of immediate supervisor _____ Phone# _____

May we contact this employer at this time? Yes _____ No _____ Later _____

What is the reason for leaving? _____

2. Prior Employer _____ from _____ to _____

Location _____
Street City State Zip Code

Position Held _____ Starting Salary per year or wage per hour \$ _____
Ending Salary per year or wage per hour \$ _____

Brief description of duties _____

Name of immediate supervisor _____ Phone# _____

May we contact this employer at this time? Yes _____ No _____ Later _____

What is the reason for leaving? _____

3. Prior Employer _____ from _____ to _____

Location _____
Street City State Zip Code

Position Held _____ Starting Salary per year or wage per hour \$ _____
Ending Salary per year or wage per hour \$ _____

Brief description of duties _____

Name of immediate supervisor _____ Phone# _____

May we contact this employer at this time? Yes _____ No _____ Later _____

What is the reason for leaving? _____

Military Experience _____ Rank _____ Present Membership in National
Guard or Reserve _____ Discharge Type Honorable _____ Dishonorable _____

Comments or additions to any of the information given above.

REFERENCES List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, then list three school or personal references that are not related to you.

Name	Relationship	Phone #	# of Years Known
------	--------------	---------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other names that you have used while in past employment or education.

Have you been convicted of any felony crime within the past seven years?

Yes _____ No _____

If Yes, please provide dates of convictions and sentences (if any) on the back of this form.

Note Any such conviction may be relevant if job related, but does not automatically bar you from employment.

Are you 18 years or older? Yes _____ No _____

Are you eligible for employment in the United States? Yes _____ No _____

Do you smoke cigarettes? Yes _____ No _____

If offered a position, when will you be available to work? (Date) _____

Where did you learn about the job opening you are applying for? Internet _____ Other _____

Newspaper Ad ____ Friend ____ Job Service Office ____ Current Employee ____ Walked In ____

The following Question does NOT need to be answered. It is your choice.

Are you aware of any information that you feel would help us in considering your application? Examples of this might be certain talents and abilities you have, special projects you have been involved with, or personal accomplishments you have made; anything that would allow us to know you better than just answering the questions on the application. (use back of form for additional space)

Please read the following before signing your name at the bottom of the page.

APPLICANTS CERTIFICATION AND AGREEMENT

1. I certify that the information required from me in this application is true and complete to the best of my knowledge. I understand that omissions or misrepresentations of facts called for shall result in disqualification of my candidacy, or if discovered after hire, shall result in discharge.
2. I authorize Architectural Cast Stone and it's agents to investigate all statements contained in this application. Furthermore, I release Architectural Cast Stone, and it's agents from all liability for any damages resulting from such investigations.
3. Additionally, in applying for a position that may involve driving a company vehicle, I specifically authorize Architectural Cast Stone, and its agents to obtain from the registry for Motor Vehicles, a copy of my vehicle driving record. I understand and agree that any serious traffic offenses or combination of traffic offenses whether a result of the job activities of operating privately owned vehicles may disqualify me from employment or continued employment.
4. If required I agree to undergo a drug screen test prior to employment with Architectural Cast Stone. I understand that additional drug screen tests may be required from time to time, whether under resonable suspicion or for cause, during my employment with Architectural Cast Stone. Failure to comply with a request for Drug Screen Testing may be ground for dismissal.
5. I agree to abide by company rules and procedures for respirator use, hearing protection, safety glasses etc. as prescribed by OSHA.
6. Application must be completed in its entirety, including previous employer and salary history to be considered for employment.

Applicant's Signature _____ **Date** _____

No supervisor, manager, or executive of Architectural Cast Stone has the authority to change the forgoing without prior written consent of the president of the company.

CONSENT FOR PRE-EMPLOYMENT, REASONABLE SUSPICION, AND POST-ACCIDENT DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow Tyler Medical Services to take a specimen of my urine or blood and submit it for a pre-employment, reasonable suspicion, and post-accident drug test screening. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Architectural Cast Stone.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Architectural Cast Stone, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Architectural Cast Stone, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Applicant Signature

SIGNED this _____ day of _____, 20____.

DEFINITIONS

PRE-EMPLOYMENT: Drug testing occurs after a conditional offer of employment has been extended to a candidate. Architectural Cast Stone reserves the right to withdraw offer if test yields a positive result.

D.O.T. REGULATION: Architectural Cast Stone administers drug testing to all drivers in accordance with the United States Department of Transportation drug and alcohol regulation 19 CRF 655.4.

POST-ACCIDENT: Drug testing is triggered by a work related incidents that involve: fatality; emergency medical care; or damage to vehicles or property above \$500.00 threshold amount.

REASONABLE SUSPICION: Drug testing is conducted when a supervisor or manager have observed symptoms that give reason to believe or suspect an employee has engaged in the use of drugs or alcohol, or in the event that safety is a concern. Furthermore, Architectural Cast Stone reserves the right to protect the reputation of Architectural Cast Stone and its employees, and to reduce problems relating to carless, reckless, or unsatisfactory matters related to job performance for all position company wide. Employees who are suspected of drug use may not return to work until Architectural Cast Stone has received the results of the reasonable suspicion testing.

SAFETY SENSITIVE: A job or position where an employee's job function requires them to be responsible for his/her own safety or the safety of others. Positions that are safety sensitive would be considered dangerous if such an employee was using drugs or alcohol while on job. Examples include, but are not limited to; employees operating any equipment or employees who are around any equipment. Therefore, employees in safety sensitive position have to have clear mind and be diligent while occupying such positions.

Architectural Cast Stone is committed to maintaining a safe, drug-free working environment for it employees.

Any questions regarding this policy should be directed to our Human Resource Department.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature — All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date _____

For Employer's Use Only

Employer's name Architectural Cast Stone Telephone no. 630.377.4800 EIN 80-0724176

Street address 2775 NORTON CREEK DRIVE

City or town, state, and ZIP code WEST CHICAGO, IL 60185

Person to contact, if different from above Lisa Meador Telephone no. x322

Street address Same

City or town, state, and ZIP code Same

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 6 hr., 27 min. Learning about the law or the form 30 min. Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.