

SPECIAL POSITION REQUIREMENTS: TRUCK DRIVER AND/OR EQUIPMENT OPERATORS

ALL CDL DRIVER APPLICANTS ARE REQUIRED BY WESTERN ENGINEERING COMPANY, INC. AND FEDERAL LAW TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN BEFORE YOU WILL BE CONSIDERED FOR EMPLOYMENT

Do you have a valid CDL License? Yes No / If Yes, List CDL Endorsements _____

Has your Driver's License ever been suspended or revoked in the last 5 years? Yes No
If Yes, please explain: _____

How many moving traffic violations have you received in the last 3 years? _____

Please list any equipment you can operate and list the years of experience after each: _____

NOTE: If currently under a Doctor's care, we require a doctor's release for the job which you are applying before you will be considered for employment.

EMPLOYMENT RECORD

1) List at least the past 10 years of your employment. All time or employment gaps must be accounted for and explained (Use additional sheet if necessary).
2) If your former employer is out of business, give name and number or address of someone who can verify your employment there.
3) If self-employed, give name and number or address of a non-relative who can verify your employment.
NOTE: Incomplete information or inability to verify information may affect further processing of your application.

Are you currently employed? Yes No

Is your current employer aware that you are seeking other employment? Yes No

May we contact your present employer? Yes No

PRESENT OR MOST RECENT EMPLOYER	Month & Year	Starting Salary:	Position Held & Duties Performed:
Name:	From:	Ending Salary:	Reason for Leaving:
Address:	To:		
City, State & Zip:	Telephone: ()		Supervisor:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes or No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes or No

NEXT EMPLOYER	Month & Year	Starting Salary:	Position Held & Duties Performed:
Name:	From:	Ending Salary:	Reason for Leaving:
Address:	To:		
City, State & Zip:	Telephone: ()		Supervisor:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes or No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes or No

NEXT PREVIOUS EMPLOYER	Month & Year	Starting Salary:	Position Held & Duties Performed:
Name:	From:	Ending Salary:	Reason for Leaving:
Address:	To:		
City, State & Zip:	Telephone: ()		Supervisor:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes or No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes or No

EDUCATION (optional)

Circle highest grade completed: 6 7 8 9 10 11 12 GED / College: 1 2 3 4 5 6

Last School attended (name, city & state): _____

MILITARY SERVICE

Branch of Service: _____ Rank or Rate: _____ Dates: From: _____ To: _____

What service schools or special training did you receive? _____

What were your duties? _____

REFERENCES

Name: _____ Address: _____ Phone Number:(_____) _____

Name: _____ Address: _____ Phone Number:(_____) _____

Name: _____ Address: _____ Phone Number:(_____) _____

IMPORTANT

Please read carefully and sign below

I certify that the information supplied by me in this application is true, and I understand that any misrepresentation or the omission of any materials facts shall be sufficient grounds for my discharge at any time during my employment. I authorize the Company to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, educational background, reputation, whether same is of written record or not; and I authorize my employers and all persons whomsoever to furnish such information, and release them from any damage on account of furnishing said information.

I consent to undergo a physical examination which will include a drug/alcohol screen, and hereby authorize the examining physician and any laboratories to release the results of the examination to Western Engineering Company, Inc.

This Company is bound to live up to the provisions of the Civil Rights Act of 1964 and the current Executive Order relating to Equal Employment Opportunity. This Company will not tolerate discriminatory behavior or sexual harassment by its employees. Such behavior will result in disciplinary action or possible dismissal. Should you witness such behavior you are bound to report it to Larry Peters, the Company's Equal Employment Opportunity Officer. Also, please refer any qualified minority persons to same said individual for possible employment.

If I am hired, I agree to conform to the rules and regulations of Western Engineering Company, Inc.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. Your employment is considered temporary as the work of this Company is both seasonal and of a phased based nature. As such, your employment is subject to review on a phase by phase basis. Should your skills not meet the Company's needs you may be subject to layoff. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

I agree that a photocopy of this signed application shall have the affect of an original.

Date: _____ 20____ Applicant's Signature: _____

APPLICANT RELEASE

Please read carefully and sign below

In connection with my application for employment with Western Engineering Company, Inc. I understand that you will be requesting information concerning my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc. Including but not limited to: (1) Previous driving record requests made by others from such state agencies; (2) State provided driving records; (3) Claims involving myself in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Western Engineering Company, Inc. to furnish the above mentioned information. I have a right to make a written request within a reasonable time period to receive additional detailed information about the nature and scope of this investigation.

Print Your Name: _____ Applicant's Signature: _____

Applicant's Social Security Number: _____ / _____ / _____ Date: _____ / _____ /20 _____

SUBSTANCE ABUSE POLICY

Employee/Applicant notice, consent and waiver
Please read carefully and sign below

I, _____ (print name), have been notified of Western Engineering Company Inc's Substance Abuse Policy and I authorize the Company to conduct, through its designated physicians or laboratory testing facilities, urine, breath, and/or blood tests to screen for alcohol and drugs and understand that this is a requirement for consideration of employment and continued employment. I authorize The Company to use the results for decisions relating to my application for employment.

In applying for employment, I understand that if I am selected as a final candidate for employment, it will be conditioned upon successfully completing a urine or breath screening test(s) and/or blood test to detect the presence of alcohol or drugs, and the presence of one or more of those substances may cause my rejection from further consideration for employment, or if employed, result in disciplinary action including, but not limited to, termination.

I authorize the taking of urine, breath and blood samples as needed for testing purposes. I authorize that any urine or blood samples be released to the designated physician(s) or laboratory facility(s) and their personnel for testing purposes.

I authorize the release of all test results to a designated official of the Company, a Medical review officer and any other parties identified by the Company as having a need to know.

Applicant's Signature: _____ Social Security Number: _____ / _____ / _____

Family Physician: _____ Phone Number:(_____) _____

Witness: _____ Date: _____ / _____ /20 _____

ELIGIBILITY

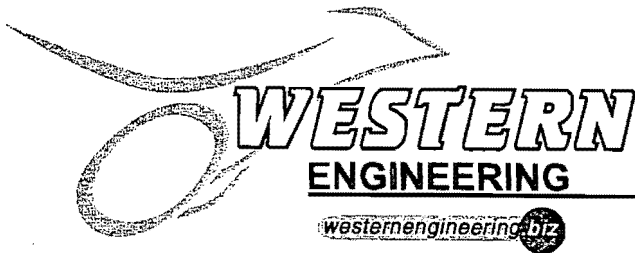
All applications filed in a timely manner will be held for the current construction season. After the current construction season has ended, applications of all who were not appointed will be destroyed. Applicants will not be considered for other positions on the basis of this application.

Western Engineering Corporate Headquarters

1149 West Highway 44;
P.O. Box 350 Harlan, IA 51537
(712) 755-5191



Council Bluffs, IA (712) 325-0477 Omaha, NE (402) 445-4500 Ft. Calhoun, NE (402) 468-5778 North Platte, NE (308) 532-2700 Scottsbluff, NE (308) 635-6836



Corporate Headquarters:
P.O. Box 350
Harlan, IA 51537
Equal Opportunity Employer

712-755-5191
Fax: 712-755-2559

NOTICE FOR ALL EMPLOYEES AND APPLICANTS

OPERATING STATEMENT

It is the policy of Western Engineering Company Inc to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, pre-apprenticeship, or an on-the job training. We encourage our employees to refer qualified and/or qualifiable women and minorities.

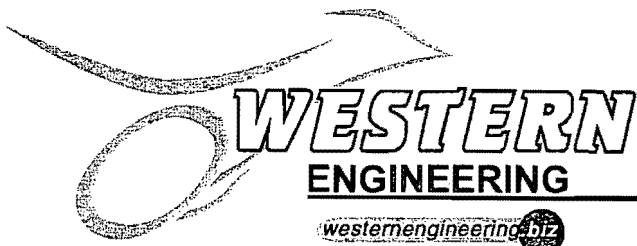
DESIGNATION OF EEO/AA OFFICER

Western Engineering Company Inc has designated Larry Peters, PO Box 350, Harlan, Iowa 51537, Phone Number (712)755-5191, as the EEO/AA Officer. Larry Peters has the responsibility to effectively administer and promote this policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Western Engineering Company Inc has an approved informal training and promotion program. At this time, our company offers training programs in the following job classifications/areas: Paver Operator, Screed Operator, Loader Operator, Mill Operator, Truck Driver, and Mechanic. The qualifications to be considered for our company's informal training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications and training program outlines, you must request them from:

Larry Peters
Western Engineering Company Inc
Human Resource and Risk Manager
PO Box 350
Harlan, IA 51537
(712)755-5191



Corporate Headquarters:
P.O. Box 350
Harlan, IA 51537
Equal Opportunity Employer

712-755-5191
Fax: 712-755-2559

Disclosure to applicant regarding procurement
of Motor Vehicle Reports (MVR) and
Workers Compensation Background Check

In consideration for employment, Western Engineering Company Inc or our Insurance Carrier may obtain a Motor Vehicle Report (MVR) on you as part of the process of considering your candidacy as an employee. Workers compensation background check, may be done, due to on the job injury, after employment has been secured. In the event that information from the report is utilized in whole or part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the report and a description in writing of your rights.

By your signature below, you authorize Western Engineering Company Inc or our Insurance Carrier to obtain said Motor Vehicle Report (MVR), or a workers compensation background check, should the need arise due to on the job injury.

Thank you,

Larry Peters
Personnel Manager

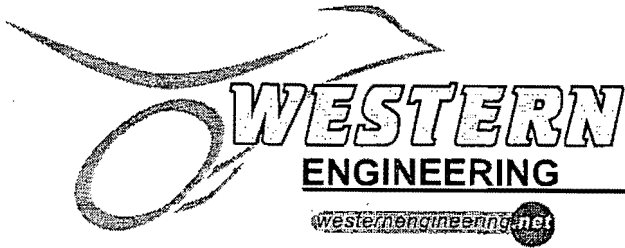
Applicant's Name: _____

Applicant's Address: _____

City, State, Zip: _____

Applicant's Signature: _____

Social Security Number: _____



Corporate Headquarters:
P.O. Box 350
Harlan, IA 51537
Equal Opportunity Employer

712-755-5191
Fax: 712-755-2559

Affirmative Action Program Voluntary Survey

Western Engineering Company Inc is an Equal Opportunity Employer. This data questionnaire is necessary for us to analyze our effectiveness in recruiting and selecting employees without regard to race, religion, sex, age, national origin, marital status, disability or any other legally protected status.

This Company is required, pursuant to Executive Order 11246, to maintain records regarding the race of all employees and job applicants. We ask for this information on a voluntary basis. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file. The information on this form will be used for government reporting purposes only.

Please note: Your cooperation is strictly voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Print Name: _____ Signature: _____

Address: _____ Phone Number: _____

Please check the appropriate circles

Male Female

Ethnic Origin: White Black Hispanic Other
 American Indian/Alaskan Native Asian/Pacific Islander Two or More Races

Are you a Vietnam Era Veteran? Yes No (active duty more than 180 days, any part of which occurred during 8/5/64-5/7/75)

Are you a disabled veteran entitled to disability compensation under laws administered by the U.S. Veterans Administration for a disability rated at 30% or more? Yes No (Section 503 of the Rehabilitation Act of 1973, as amended, requires that all applicants be afforded the opportunity to identify themselves as disabled in order to receive consideration in Affirmative Action Planning.)

Do you consider yourself disabled? Yes No.

Type of job for which you wish to be considered: _____

I choose not to volunteer any information