



**WESTERN ROCK  
RESOURCES**

# Job Application

**IMPORTANT: Please make sure all information is correct and your employment dates are accurate.**

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Last

First

Preferred Name

Position Applying For: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been disciplined or terminated from a job for violation of company policy or safety violations?  Yes  No

If yes, explain:

Do you have a First Aid/CPR Card?  Yes  No

Do you have reliable transportation?  Yes  No

What (if any) is your experience working in the Construction industry?

**EMPLOYMENT HISTORY**

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Currently Employed?  *This is my current employer* Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Currently Employed?  *This is my current employer* Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Currently Employed?  *This is my current employer* Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

***References: Please provide at least one professional reference we can contact***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EDUCATION HISTORY**

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Qualification Type: \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_

Qualification Status:  Completed  Incomplete/Not earned  Not Earned/Still Attending

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Any certifications that you have earned and/or are currently working towards?

What is your desired Salary or Hourly Wage? \_\_\_\_\_

If selected for this position, what is your soonest available start date? \_\_\_\_\_

How did you hear about this position with Western Rock Resources?

Do you have a current driver's license?  Yes  No

What state issued your current driver's license? \_\_\_\_\_

**Brag about yourself! Tell us why you would be a good fit for this position.**

**\*Please attach a current resume to this application, if available\***

I certify that my answers to all questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application or during the pre-employment process may be grounds for my immediate termination.

Acceptance:  I have read and agree to the above statement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# **WESTERN ROCK RESOURCES** Equal Employment Opportunity Questionnaire (EEO)

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*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.*

**Because we do business with the US Government, we must reach out to, hire and provide equal opportunity to qualified individuals.**

**To help us measure how we are doing, in the following screens we are going to ask you to provide us with information about your race, gender, veteran status and if you have, or have had, a disability.**

As part of this procedure, we are going to invite you to complete the following:

- Voluntary Self Identification of Gender, Ethnicity/Race
- Voluntary Self Identification of Veteran Status
- Voluntary Self Identification of Disability

**Any answers you give will be kept private and will not be used against you in any way. You are not required to disclose any of this information and completion of the questionnaires is entirely voluntary.**

### **Invitation to Self-Identify Gender, Ethnicity/Race**

**Western Rock Resources is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to voluntarily self-identify their gender, race and ethnicity.**

**Submission of this information is strictly 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 provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This information will be maintained separately from your application for employment. If you do not wish to self-identify at this time, you may do so in the future by submitting this form. Failure to provide the following information will not subject you to any adverse action or treatment.**

**Western Rock Resources is an Equal Opportunity/ Affirmative Action employer. We provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, religion, sex, age, marital status, national origin, sexual orientation, citizenship status, veteran status, disability or any other legally protected status. We prohibit discrimination in decisions concerning recruitment, hiring, compensation, benefits, training, termination, promotions, or any other condition of employment or career development.**

### **Gender:**

Male  Female  I decline to identify

**Ethnicity/Race:**

**Hispanic or Latino**

*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

**White (Not Hispanic or Latino)**

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

**Black or African American (Not Hispanic or Latino)**

*A person having origins in any of the black racial groups of Africa.*

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

*A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

**Asian (Not Hispanic or Latino)**

*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.*

**American Indian or Alaska Native (Not Hispanic or Latino)**

*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 (Not Hispanic or Latino)**

*All persons who identify with more than one of the above five races.*

**I Decline to identify**

**Invitation to Self-Identify Protected Veteran Status**

Western Rock Resources is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - 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 Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any 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.
- An "active duty wartime or campaign badge veteran" means 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 under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means 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 an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

**I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**

**I AM NOT A PROTECTED VETERAN**

**I DO NOT WISH TO IDENTIFY AT THIS TIME**

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Voluntary Self-Identification of Disability

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 04/30/2026

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### **How do you know if you have a disability?**

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Depression or anxiety
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past**
- No, I do not have a disability and have not had one in the past**
- I do not want to answer**

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**Privacy Policy Acknowledgement**

By checking this box, you acknowledge and consent to terms of the privacy policy which applies to the applicant tracking service being offered by Western Rock Resources. The privacy policy offers an explanation of how and why your data will be collected, how it will be used and disclosed, how it will be retained and secured, and what legal rights are associated with that data (including the rights of access, correction, and deletion). The policy also describes legal and contractual limitations on these rights. The specific rights and obligations of individuals living and working in different areas may vary by jurisdiction.

**\*Acceptance\***

I have read and agree to the above statement.