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F.L. SHOWALTER, INC.

CONTRACTORS
P.O. Box 11525 • 2900 FULKS STREET
LYNCHBURG, VIRGINIA 24506-1525

ROBERT C. DRAPER
PRESIDENT

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Reference: Estimator / Assistant Project Manager for Treatment Plant Construction along w/ Underground Utilities

A well-established (circa 1934) General Contractor in the Central VA area has a need for an **Estimator / Assistant Project Manager** for Water/Wastewater Treatment Plant Construction and Underground Utilities (water/sewer piping) with 2+ years' experience. Typical projects will be with local municipalities, with some private work, and range from \$50k to \$10+ Million in value.

This position is responsible for the accurate takeoff and pricing of the work (lump sum & unit price), including all direct and indirect costs for Underground Utilities and/or Treatment Plant Construction projects. This position will work directly with a chief estimator, help manage the preparation of a pre-bid schedule, and assists with contacting, comparing & selecting the appropriate subcontractors and vendors. Likewise, assisting the project manager in: managing & supervising all phases of assigned projects, preparing & managing schedules, estimate change orders, manage project budget & approve all expenses, aid in or maintaining contract administration, oversee in buyout of subcontracts & materials, interface with the owner on all projects assigned, maintain complete project records & close-out documents and work in coordination with the project superintendent &/or foreman, with safety being at the utmost importance. Increasing responsibility is awarded based on skill level. We invest in our people and seek individuals who want to grow with our firm

We offer a nice compensation package with room for personal growth! A competitive Salary is dependent on experience. Our company cares about and is committed to the well-being of its employees and their families. This commitment is reflected in a comprehensive benefit package provided to all employees and may include:

- *Medical Benefits, including dental options
- *Company Vehicle Possible
- *Company Cell Phone
- *Flexible Work Hours Possible
- *401k Plan
- *Vacation & Paid Holidays

We an Equal Opportunity Employer - M/F/Disabled/Vet



EQUAL EMPLOYMENT OPPORTUNITY CONTRACTOR • VIRGINIA SMALL, WOMEN AND MINORITY OWNED BUSINESS
NATIONAL UTILITY CONTRACTORS ASSOCIATION • ASSOCIATED GENERAL CONTRACTORS OF AMERICA / CENTRAL VIRGINIA





F.L. SHOWALTER INC.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Do you have a valid Virginia driver's license? YES NO Are you willing to provide a Virginia Motor Vehicle record at your expense? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
Did you graduate? YES NO Degree: _____

College: _____ Address: _____
Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Applicants are responsible for the cost of pre-employment drug screening and will be reimbursed upon results proving negative for any illegal drug, or alcohol use, whether applicant is hired or not. DOT \$45.00 NON-DOT \$35.00

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

VA Code 46.2-208 classifies drive abstracts as privileged records and limits the release of an abstract of a driver's record to only an employer, potential employer or authorized agent who has been authorized in writing by such driver to obtain the driver's record.

IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOW:

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by:

F.L. Showalter, Inc.

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by Campbell Insurance or FLS's other agent(s)
4. That the undersigned understand that his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.

Name of employee / potential employee:

(Print full name as it appears on your license)

License Number and State:

Signature of Employee / potential employee:

Date: _____