

KATHRYN S. DRAPER  
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PRESIDENT



**F.L. SHOWALTER, INC.**

CONTRACTORS

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

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INFO@FLSHOWALTER.COM

TELEPHONE 434-845-2388  
WWW.FLSHOWALTER.COM

**Reference:** Assistant Project Superintendent for Treatment Plant Construction (along w/ some Underground Utilities)

A well-established (circa 1934) General Contractor in the Central VA area has a need for an **Assistant Project Superintendent** for Water/Wastewater Treatment Plant Construction (along with Underground Utilities - water/sewer piping) with 3+ years' experience. Typical projects will be with local municipalities, with some private work, and range from \$50k to \$10+ Million in value. This position reports directly to the Project Superintendent &/or Project Manager.

Some responsibilities and duties performed by the Assistant Project Superintendent:

- Assist in the coordination of construction activities
- Assist in directing and coordinating field & subcontractor personnel to meet schedule/production goals
- Assist in scheduling field personnel assignments
- Assist in ordering miscellaneous materials
- Inspect construction work as necessary
- Assist in ensuring construction methods, company policies and procedures, and most of all safety is carried out throughout the construction process
- Maintains an organized job site
- Perform Construction Work/Tasks, as required
- Complete As-Built drawings
- Complete Weekly Safety Meeting at Jobsite
- Understands project specifications
- Must be able to travel regionally

Please note that this is not a complete list of responsibilities, duties and skills required. Also, the Assistant Superintendent position is considered a Superintendent in training, with the potential to grow into a Superintendent position! 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: \_\_\_\_\_