

Application for Employment
An Equal Opportunity Employer

Return application >> Fax (208) 884-0330

PLEASE COMPLETE APPLICATION IN YOUR OWN HANDWRITING.

Date _____

Name: (Please Print) _____ SS #: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Cell Phone: _____ email address: _____

Best Time and number to contact you about this job: _____

Do you have a current driver's license? _____ State: _____ D.L. Number _____ Expires: _____

Do you have a current CDL license: _____ if yes, Class _____ Yr of 1st CDL _____

On-job employees must be able to lift 100 lb. on a frequent basis during the day. Are you able to do so with or without reasonable accommodation? Yes No

EDUCATION:

Last Grade Completed: _____ City, State _____

High School: _____ City, State _____

Special Courses: _____

Vo-tech or other courses/classes (class emphasis) _____

College: _____ City _____ State _____

Major: _____ Minor: _____

Degree Obtained: _____ When _____

Are you willing to work nights and/or weekends if necessary for a period of time? Yes No

Have you ever been terminated or requested to resign from prior employment? Yes No if yes, please explain fully and indicate name of employer, date, and reason for termination (or requested resignation). _____

Within the past 10 years, have you ever been convicted of (including a withheld judgment) or pleaded *nolo contendere* to a misdemeanor or felony? Yes No If yes, please explain fully and indicate the dates of convictions. (*Conviction of a crime, a dishonorable discharge from military service, or denial of a bond will not necessarily disqualify you from consideration, but will result in additional investigation.*)

EMPLOYMENT RECORD List all employers for the past ten years beginning with the most recent. Include all full-time, part-time, summer, and temporary employment along with periods of unemployment and continuing education. Leave no gaps longer than a one-month period. You may attach additional sheets if necessary. **Accuracy is important.** (You may provide this page type written if you wish but it must provide all of the information requested.)

DATE (Mo/Yr)	EMPLOYER (Name/Address)	SUPERVISOR	PHONE NUMBER	WAGES Hourly or Monthly
From	CURRENT OR LAST EMPLOYER (Name/Address)	Supervisor	Phone No.	Start \$/hr or mo \$ _____ / ____
To				Final \$ _____ / ____
Type of Work Performed:		Reason for leaving:		
From	Employer prior to above (Name/Address)	Supervisor	Phone No.	Start \$/hr or mo \$ _____ / ____
To				Final \$ _____ / ____
Type of Work Performed:		Reason for leaving:		
From	Employer prior to above (Name/Address)	Supervisor	Phone No.	Start \$/hr or mo \$ _____ / ____
To				Final \$ _____ / ____
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To				Final \$ _____ / ____
Type of Work Performed:		Reason for leaving:		
From	Employer prior to above (Name/Address)	Supervisor	Phone No.	Start \$/hr or mo \$ _____ / ____
To				Final \$ _____ / ____
Type of Work Performed:		Reason for leaving:		

Please list two personal references (please do not list previous employers) that have known you for at least three years.

Name

Address and Telephone Number

Name

Address and Telephone Number

Some positions require equipment operator experience. Please fill out work experience:

LIST YEARS OF EXPERIENCE & INDICATE LEVEL OF PROFICIENCY FOR THE FOLLOWING

Equipment	Model	Years Exp	Employer	Level of Experience		
				Beg	Int	Expert
Guardrail Punch				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curb, Gutter Machine				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backhoe				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forklift				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skid Steer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crane				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knuckle Boom				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mail, fax or deliver application to our office. If you are requested to come to our office for an interview, please allow at least 60 to 90 minutes.

Items to fax with your application or bring with you for us to copy included in application for interview:

- 1) Documentation showing that you are legally authorized to work in the United States, such as driver's license, Social Security Card, birth certificate, US Passport, Permanent Resident Card, Alien Registration Receipt Card (Form I-551), an unexpired Employment Authorization Document with photo or other acceptable I-9 identification.**
- 2) Copy of last employment position's pay stub to backup current earning rate if you prefer that we not call your current employer during our interview process.**

Other things you might like to know before applying.

- 1) Successful applicants are required to pass a company employment physical provided by an outside testing source.**
- 2) Employment and Driving records will be checked.**
- 3) We are a drug free company and testing is required.**

Applicant Statement and Background Research Release

Please Read this section carefully and acknowledge your understanding by signing your name below.

2. **Consent to Conduct Background Investigation** - As a condition of MarCon, Inc.'s consideration of this application, I give permission to MarCon to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to MarCon and its agents to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.
3. **Consent to Contact Past Employers** - I give permission to MarCon to contact all employers listed in this application (except for those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with MarCon, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they may make to any representative of MarCon. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to MarCon. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.
4. **Consent to Contact Government Agencies** - I give permission to any agent, attorney, or representative of MarCon to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate MarCon as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.
4. **Cooperation With Investigation** - I agree to fully cooperate in MarCon's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.
5. **Consent to Comply with Company Substance Abuse Policy** - I consent to pre-employment and random drug screening for substance abuse per current company policy. I realize that if my sample does not pass the standards established, I will be disqualified as an applicant or if I am currently an employee of MarCon, Inc. or MarCon Precast, Inc. I may be terminated. I also authorize the release these test results to a designated representative of MarCon, Inc. and/or MarCon Precast, Inc. By authorizing this release I furthermore, release any doctor, medical personnel, hospital, medical center, clinic, or laboratory and any of their respective employees from any and all liabilities arising from the release or use of the information contained in my test results.
6. **Falsification Statement** - I understand that any falsification, misleading information or willful omission of fact made in this application, an interview, or in connection with any background investigation may be sufficient grounds for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.
6. **Employment "At Will"** - In consideration of my employment I agree to conform to the rules and regulations of MarCon, and recognize that my employment and compensation are "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either MarCon or myself, except as otherwise provided by law. I understand that no manager or representative of MarCon, other than the President of MarCon Inc., MarCon Concrete LLC or MarCon Precast Inc., has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of MarCon.
7. **General Release** - The undersigned in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employees to release information they may have about me to MarCon or its agents and release them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Name (please print)

Social Security Number

Applicant's signature

Date

Any other Names Used (maiden, prior marriage, alias, etc)

DL # and State