

MONSTER'S CONTRACTING INC. APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on back of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: _____ Today's Date _____

Are you seeking: Full-time _____ Part-time _____ Temporary _____

When could you start work? _____

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

Are you 18 years of age or older? Yes _____ No _____
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) _____

If hired, can you furnish proof you are eligible to work in the U.S. Yes _____ No _____

Have you ever applied here before? Yes _____ No _____ If yes, When? _____

Were you ever employed here? Yes _____ No _____ If yes, When? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes _____ No _____

If yes, give details _____
(A 'Yes' answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes _____ No _____

If yes, please explain _____

EDUCATION

List Name and Address of Schools

Number of
Years
Completed

Diploma/
Degree/
Certificate

High School or GED

College or University

Subjects Studied

Vocational or Technical

Subjects Studied

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA.) _____

For Driving jobs only: Do you have a valid drivers license? Yes _____ No _____

Driver's License Number _____
State of License _____ Class of License _____

Have you ever had your driver's license suspended or revoked in the past 3 years? Yes _____ No _____

If yes, please give details _____

Have you ever been cited for driving under the influence (DUI) or driving while
Intoxicated (DWI)? Yes _____ No _____
If yes, please explain circumstances and outcome: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To(mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To(mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title*	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To(mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To(mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving

Duties

Please explain fully any gaps in your employment history: _____

List professional, trade, business, or civic activities and offices held

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, Disability or other protected status.)

REFERENCES

Have you every worked or attended school under any other names?

Yes ___ No ___

If Yes, give names: _____

Are you presently employed:

Yes ___ No ___

May we contact your current employer?

Yes ___ No ___

If yes, whom do you suggest we contact? _____

If no, Please explain: _____

Have you ever been fired from a job or asked to resign?

Yes ___ No ___

If yes, please explain _____

Give three references, not relatives or former employers

Name

Address

Phone Number

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that l information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I also authorize the company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required. I understand that the company reserves the right to require me to submit to a drug test and any time and also reserves the right to require me to submit to an alcohol test and/or medical examination permitted by law. I authorize the company to investigate my driving record, my credit history and my criminal record.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER. I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT NOTICE, AND THE COMPANY HAS THE SAME RIGHT. NO ONE OTHER THAN THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO MODIFY THIS RELATIONSHIP OR MAKE ANY AGREEMENT TO THE CONTRARY. ANY SUCH MODIFICATION OR AGREEMENT MUST BE IN WRITING.

Signature: _____ Date: _____

This application for employment will remain active for a maximum of 30 days.
If you wish to be considered for employment after that time, you must reapply.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THAT COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME. THESE REPORTS, WHICH MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORD HISTORIES AND DRIVING RECORDS MAY BE USED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT RELATED PURPOSES. I AUTHORIZE THE COMPANY TO OBTAIN THESE REPORTS.

Signature: _____ Date: _____