

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Con-Ass of MO, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Con-Ass of MO, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Con-Ass of MO, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

Quarry Applicant

In the space to the left, indicate the number of months or years of experience with each piece of equipment:

_____	Compressor/Jackhammer	_____	Scrapers
_____	Welding (Arc)	_____	Dozers
_____	Wheel Loaders	_____	Highlifts
_____	Backhoes	_____	Trackhoes
_____	Air-Track Drill	_____	Motorgraders
_____	Heavy Trucks (30+T)	_____	Compactors
_____	Cranes	_____	Tractors
_____	Other		

Do you have the following licenses and/or cards?

Commercial Driver's License (CDL) _____ Yes _____ No

Multi-Media First Aid Card _____ Yes _____ No

Power-Activated Tool Card _____ Yes _____ No

Please write a brief description of your construction experience.

CONSENT FOR DRUG SCREENING

I understand that it is a company policy of Con-Agg of MO, LLC that all prospective employees submit to a controlled substance test involving the collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that if I test positive for the use of controlled substances that I will be given a reasonable opportunity to confer with the company's medical review officer before any positive result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company who will report to Con-Agg of MO, LLC whether the test result was negative or positive. The results of any tests will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Date

Signature

Witness Signature

EQUAL OPPORTUNITY QUESTIONNAIRE

The following information is requested from all job applicants to assist us in our compliance with Federal/State EEO record keeping and reporting. It will be kept separate from your application in a limited access file and will be used for statistical compilation and analysis only. Your response is entirely voluntary and will not be used in any way to determine your eligibility for employment. Thank you for your assistance.

Date: _____

Position Applying for: _____

Check One

Male Female

Choose one of the following Race/Ethnic Groups:

- Hispanic or Latino
- African American or Black
- White
- Asian
- American Indian or Alaskan Native
- Two or more races

Check if any of the following are applicable:

- Disabled Veteran
- Other Veteran
- Vietnam Veteran
- Armed Forces Service Medal Veteran
- Recently Separated Veteran
- Non-Veteran
- Other Disability