

**APPLICANT' S NAME:** \_\_\_\_\_

# **Monumental Concrete, LLC**

**APPLICATION**

**FOR**

**EMPLOYMENT**

## APPLICATION FOR EMPLOYMENT

**Monumental Concrete, LLC** is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, sex, religion, age, national origin, marital status, physical or mental disabilities, or veteran's status.

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

### GENERAL INFORMATION

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

Are you at least 18 years of age?  YES  NO If no, can you furnish a work permit?  YES  NO

Have you every worked for **Monumental** before?  YES  NO If yes, please give dates and position: \_\_\_\_\_

Are you currently employed?  YES  NO If yes, may we contact your present employer?  YES  NO

Date you are available to begin work: \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United States?  YES  NO

Will you work on Saturday and/or Sunday when your work schedule requires it?  YES  NO

Have you ever been convicted of a felony? If yes, please explain. \_\_\_\_\_

How did you learn about the job opening?  Walk-In  Newspaper  Company Website  Other Electronic Website  
 Referred by a **Monumental** Employee \_\_\_\_\_  Other \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DATES ATTENDED	DID YOU GRADUATE	DEGREE OR CREDITS RECEIVED
College				Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/>	
Most Recent High School Attended				Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/>	
Additional Credit Courses (Business, military, technical, etc.)					

### SKILLS

List any special job-related skills that you possess: (Example: Equipment Operator applicants, list types of equipment operated and years of experience on each. Administrative applicants, list types of office equipment and computer and software experience.)

\_\_\_\_\_

\_\_\_\_\_

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**FOR TRUCK DRIVER APPLICANTS ONLY:**Are you 21 years or over?  Yes  No Current License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended?  Yes  No  
If yes, explain \_\_\_\_\_Have you been involved in a motor vehicle accident during the past 3 years?  Yes  No  
If yes, describe \_\_\_\_\_**PLEASE ATTACH CURRENT DRIVING RECORD**

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**EMPLOYMENT HISTORY**

List your current or most recent employer first. Explain any gaps in employment in comments section below.

**Driver applications must include 10 years of employment history.**

Employer  ( )	Telephone  ( )	Dates Employed(Month & Year) From To	Summarize the nature of the work performed and job responsibilities
Address:		Hourly Rate/Salary \$ Per	
Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			

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Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			

**Comments (including explanation of any gaps in employment)**  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

I authorize any person or entity named in this application form (and accompanying resume, if any) or medical facility or personnel who examine me on behalf of the company as a result of this application to release to the company any otherwise confidential or privileged information they may have for a period of up to one (1) year from the date of this application.

I understand that nothing in this document or in any offer of employment, if one is made, is intended or will be interpreted to create any employment relationship other than an employment-at-will relationship.

I understand that if I am hired, either the company or I may terminate employment at will for any reason.

I give permission for a complete physical examination, including a drug screening, and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying.

IF YOU ARE OFFERED EMPLOYMENT, A MEDICAL EXAMINATION WILL BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB, THE COMPANY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONABLE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE COMPANY, THE TENTATIVE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**TO BE COMPLETED BY THE HIRING SUPERVISOR**

<b>Date of Offer:</b>	<b>Job Title:</b>
<b>Hourly Rate/Salary:</b>	<b>Plant Location:</b>
<b>Hired by:</b>	<b>Date:</b>