



Application for Employment

DATE: \_\_\_\_\_

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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\_\_\_\_ SINGLE \_\_\_\_ MARRIED \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_ NO. OF DEPENDENTS

ARE YOU AT LEAST 18 YEARS OF AGE? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU ALLOWED TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_ SUMMER \_\_\_\_ TEMPORARY

DATE AVAILABLE FOR WORK: \_\_\_\_\_

ARE YOU WILLING TO STAY OUT OF TOWN ON THE JOB IF IT REQUIRES YOU TO? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY: \_\_\_\_ YES \_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_

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DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_ TEXAS "C" \_\_\_\_ CDL "A" \_\_\_\_ CDL "B" \_\_\_\_ CDL "C" ENDORSEMENTS \_\_\_\_\_

HIGHEST SCHOOL GRADE FINISHED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ GED

NAME OF HIGH SCHOOL \_\_\_\_\_ LOCATION \_\_\_\_\_

COLLEGES ATTENDED \_\_\_\_\_

IF YOU ATTENDED COLLEGE, NUMBER OF HOURS COMPLETED \_\_\_\_\_ MAJOR \_\_\_\_\_

SPECIAL LICENSES OR CERTIFICATES HELD \_\_\_\_\_

DID YOU SERVE IN THE MILITARY? \_\_\_\_ YES \_\_\_\_ NO BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

ARE YOU IN THE RESERVES? \_\_\_\_ YES \_\_\_\_ NO NATIONAL GUARD? \_\_\_\_ YES \_\_\_\_ NO

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EMPLOYMENT RECORD: BEGIN WITH CURRENT OR MOST RECENT EMPLOYER AND WORK BACK.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ City \_\_\_\_\_ PHONE NO. \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ PAY RATE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISER'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ City \_\_\_\_\_ PHONE NO. \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ PAY RATE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISER'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ City \_\_\_\_\_ PHONE NO. \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ PAY RATE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISER'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**DISCLOSURE OF CONSUMER OR INVESTIGATIVE CONSUMER REPORT**

Under the provisions of the Fair Credit Reporting Act, 15 U.S.C., Sec. 1681, all inclusive, notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining in you credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident claims background may also be conducted.

You are further advised under said act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered to the consumer five (5) days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

I, the undersigned, have read the above and foregoing notice and understand same. I hereby authorize **Mercer Construction Company** to investigate and verify facts stated by me on the attached application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**JOB REQUIREMENTS**

IN ADDITION TO SPECIAL REQUIREMENTS SHOWN BELOW, ALL FIELD POSITIONS HAVE THE FOLLOWING MINIMUM QUALIFICATIONS:

- (1) THE ABILITY TO UNDERSTAND SPOKEN ENGLISH WELL ENOUGH TO RESPOND TO OUR INSTRUCTIONS AS WELL AS TO HAZARD WARNINGS GIVEN BY OUR EMPLOYEES
- (2) THE ABILITY TO WORK OUTDOORS THE FULL WORKDAY OF EIGHT TO TWELVE HOURS, WINTER OR SUMMER, UNLESS THE TEMPERATURE IS SUCH THAT THE FOREMAN IS ALLOWED TO SHUT DOWN A COMPLETE CREW
- (3) THE WILLINGNESS TO WORK AT OTHER TASKS REQUIRING LESS SKILL WHEN THE WORK FOR WHICH YOU WERE HIRED IS NOT AVAILABLE

**SPECIAL REQUIREMENTS**

- (1) LABORER - BE ABLE TO LIFT 70 POUNDS REPEATEDLY DURING THE DAY TO A HEIGHT OF 4'6", AND TO SWING A PICK AND USE A HAND SHOVEL REPEATEDLY.
- (2) BACKHOE OPERATOR - BE ABLE TO EXCAVATE TO A FIXED GRADE FOR THE PURPOSE OF LAYING PIPE, AND BE ABLE TO DEMONSTRATE THE ABILITY TO OPERATE AND MAINTAIN THE MACHINE AS WE SPECIFY.
- (3) OTHER MACHINE OPERATORS - BE ABLE TO PERFORM TO A MINIMUM STANDARD WE REQUIRE, AND DEMONSTRATE THE ABILITY TO OPERATE AND MAINTAIN THE MACHINE AS WE SPECIFY.
- (4) PIPELAYER - BE EXPERIENCED IN JOINING THE TYPES OF WATER AND SEWER LINES WE INSTALL, AND BE EXPERIENCED AT LAYING THEM TO A SPECIFIED GRADE. BE EXPERIENCED IN SETTING UP A CONSTRUCTION LASER. MUST WORK IN CONFINED SPACES. MUST BE ABLE TO READ BLUEPRINTS.
- (5) FOREMAN - BE EXPERIENCED IN MANAGING AN INSTALLATION CREW. MUST READ BLUEPRINTS AND BE FAMILIAR WITH WATER AND SEWER LINE INSTALLATION PROCEDURES.
- (6) FORM BUILDER - BE EXPERIENCED IN CONSTRUCTING FORM WORK FOR CONCRETE STRUCTURES AND IN POURING CONCRETE. BE ABLE TO READ BLUEPRINTS.
- (7) TRUCK DRIVER - POSSESS A DOT COMMERCIAL DRIVERS LICENSE. A CLASS "A" LICENSE WITH "X" ENDORSEMENT IS REQUIRED TO DRIVE A TRUCK AND TRAILER.

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I am applying for the position of \_\_\_\_\_.

The salary I expect is \$\_\_\_\_\_ per hour. I am capable of discharging the responsibilities of this job to the satisfaction of Mercer Construction Company. I will abide by all procedural and safety regulations of Mercer Construction Company.

I understand that my undivided attention to the job is necessary while in the workplace, for the safety of myself as well as that of coworkers. If any situation or condition exists now or occurs later which impairs my ability to perform the job for which I was hired, I will notify the supervisor immediately. I understand that Mercer Construction Company alone has the right to determine if I can perform the job for which I was hired. I am willing to submit to randomly scheduled Drug Tests as a condition of employment.

All statements made on this form are true and correct to the best of my knowledge. Any misstatement or omission will constitute grounds for unfavorable consideration or dismissal. Mercer Construction Company is authorized to make any and all inquiry as to the correctness of the statements on this application.

Signed: \_\_\_\_\_

Interviewed by \_\_\_\_\_ on \_\_\_\_\_ (Date)

Notes: \_\_\_\_\_  
\_\_\_\_\_