

# The Monarch Cement Company, Inc. APPLICATION FOR EMPLOYMENT

IMPORTANT: Clearly print answers to every question. All information on this application will be treated as confidential. The Company is an equal employment opportunity employer and complies with all applicable laws.

Date:

## Personal Information:

Last Name:	First Name:	M.I.	Contact Number:
Current Street Address	Apt No	City	State
			Zip code
How Long?			

Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Type State Expiration Date
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for a position which requires a Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete Driver's Supplemental Sheet.</i>	

## General Information:

Specific Position Desired:	Location(s) Desired:	Rate of Pay Desired:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Intern/Co-op/Other		Date Available to Start Work:
Are you willing to work night shift? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Willing to transfer to another location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Have you ever completed an application for employment, been employed by, or been assigned to work through a temporary agency at the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When Position
Do you or have you ever had any relatives employed at the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name and relationship:	

## Education/Training Information:

Schools Attended	Name & City / State	Graduated?	Years Completed	Degree / Diploma	Course of Study
High School / GED		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other relevant professional certificates, honors, training, qualifications and/or license(s):

List any scholarships, academic honors, awards, or special achievements:

List languages which you speak and/or read proficiently:

**Skill Information:**

Category	List All Skills	Skill Level
Commercial Motor Vehicle (Truck, Tractor / Trailer, etc.)		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Heavy Equipment (Wheel Loader, Dozer, etc.)		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Forklift / Skid-steer		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Other Skills		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

**Military Service Information:**

Have you ever served in the armed forces of the US?  Yes    No   Branch of Service: \_\_\_\_\_ Yrs.: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you obtained any job relevant skills or abilities as the result of service in the military?  Yes    No  
If yes, please describe:

**References: (Other than relatives) Who have known you for at least one year.**

Name	Address	City and State	Phone Number

**Employment History:**

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position.  
**Please Note:** A resume may be attached but will not be accepted in place of any information required on this form.

1. Company	Position/Title	Starting Wages
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern	Length of Service From:                      To:	Wages Upon Leaving
Street Address	City	State                      Zip code                      Main Company Phone Number
Supervisor's Name, Title, Phone Number	Reason For Leaving	
Duties	Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      When may we contact your present employer? <input type="checkbox"/> Now <input type="checkbox"/> Later (Please note upon your acceptance, this employer may be contacted for verification of employment.)		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.

2. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.					
3. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.					
4. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Source Information:**

How did you learn about this position? Check one and where applicable, indicate specific source.

- Own Initiative / Walk In     Advertising     Agency / Job Service     Job Fair
- Relative/Employee/Friend (Who) \_\_\_\_\_     Other (Explain) \_\_\_\_\_

**Certification and Acknowledgement (IMPORTANT: Please read carefully, initial statements and sign below):**

Yes     No    If employed, can you report to work on time and on a daily basis, as scheduled?

Yes     No    If employed, are you willing to wear safety shoes, safety hat, eye protection, hearing protection, hi-visibility attire, and / or other personal protective equipment, as may be required?

In consideration of my employment, I agree to comply with the rules and regulations of the Company, and I understand that if I am employed by the Company, my employment, regardless of the manner or duration of my compensation, will be for no definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Company. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement to the contrary.

I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the Company's consideration of my application of employment.

**Signature:**

**Date:**

**EQUAL OPPORTUNITY EMPLOYER**

The Company is an equal opportunity employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage, or national origin, ancestry, citizenship status, age, disability or handicap, gender, marital status, veteran status, sexual orientation, gender identity, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws. The management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, and general treatment during employment.

## The Monarch Cement Company, Inc. BACKGROUND INFORMATION

Fill out this form completely. Please print all information except signature. A form that is not signed will be considered an incomplete application.

Last Name:	First Name:	Middle Name:
Last Name: (Alias/Aka)	First Name: (Alias/Aka)	Middle Name: (Alias/Aka)
Current Address:	City:	State:      Zip:
How long have you lived at the above address?	Social Security No:	Date of Birth:
Driver's License Number	State Issuing Driver's License	Email Address

### PLEASE LIST EVERYWHERE YOU HAVE LIVED OVER THE PAST 5 YEARS.

Address	City	County	State	Zip

### AUTHORIZATION TO OBTAIN INFORMATION REGARDING HISTORY OF CRIMINAL CONVICTIONS:

I hereby authorize the Company based upon my personal release, authorization or copies thereof, to acquire and/or obtain information on any and / or all criminal history convictions.

I have signed and completed this authorization with my knowledge and understanding that the information obtained is to be considered in the assessment of my employment application with the Company.

I further authorize the disclosure of this information to the Company as part of the evaluation of my application for employment.

I have also been apprised of my rights under the federal Fair Credit Reporting Act (FCRA) as it pertains to a background investigation which is also part of my employment application packet. I release the Company and/or any of its agents, and any person or entity who provides information obtained from any and all resources, pursuant to this authorization from any and all claims, liabilities, or law suits in regards to the information obtained from any and all sources used.

Applicant Printed Name:	
Applicant Signature:	Date:

## The Monarch Cement Company, Inc. DRIVER SUPPLEMENTAL SHEET

Complete this page only if applying for positions requiring operation of a Commercial Motor Vehicle (CMV). Date of Birth:

DRIVING INFORMATION – List all Driver’s Licenses/Permits Held in the Last Seven Years					Enter/Stamp DOT #, Co. & Address (Company Use Only)
Drivers Licenses (Any held during three year driving period must be shown):	State	License Number	Type	Expiration Date	

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Has your license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:

### DRIVING EXPERIENCE – COMMERCIAL DRIVER’S LICENSE (CDL) ONLY

Class of Equipment	Description of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Total Miles Driven
		From	To	
Class A – Tractor / Trlr or Truck / Trlr				
Class B – Straight Truck				
Other				

List states operated in for the last 3 years: List license endorsements:

List any special courses or training that will help you as a driver.

### DRIVING RECORD (attach sheet if more space is needed)

Describe all Accidents during three year period:	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries

Describe all moving violation convictions and forfeitures for the past three years:	Date	City / State	Description / Comments

### MEDICAL EXAMINER’S CERTIFICATE

Do you have a current Medical Examiner’s Certificate (Medical Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list expiration date:
Do you have a Medical Waiver issued by the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list expiration date:
Have you submitted your Medical Examiner’s Certificate to the DMV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not?

### RELEASE OF INFORMATION

I agree to provide all driver identification regarding the above licenses. I attest that I have provided all accident information as defined by DOT regulations at 390.5 occurring during three (3) years of driving record. I authorize, per 49 CFR, Part 40, subpart B of 382, and 391.23 of the DOT regulations, the release of information by the state agencies and my previous employers regarding my driving record and my DOT regulated drug and alcohol testing violations including pre-employment tests during three (3) years of driving record to this potential employer. I authorize (i) an inquiry to each State where I have held or hold a motor vehicle operator’s license or permit during three (3) years of driving record to obtain that driver’s motor vehicle record, (ii) an investigation of the driver’s safety performance history with Department of Transportation regulated employers during the preceding three years, (iii) alcohol tests with a result of 0.04 or higher; (iv) verified positive drug tests; (v) refusals to be tested (including verified adulterated or substituted results); (vi) other violations of DOT drug and alcohol testing regulations; (vii) information obtained from previous employers of a drug and alcohol rule violation(s); and (viii) document, if any, of completion of a return-to-duty process following a rule violation.

Applicant Printed Name:

Applicant Signature:	Date:
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**THE FAIR CREDIT REPORTING ACT**  
**Public Law 91-508 effective April 25, 1971 with Amendments**  
**(15 U.S.C. - 1681 et seq.)**

**604. Permissible purposes of reports**

A consumer reporting agency may furnish my consumer report under the following circumstances and no other:

- (1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.
- (2) In accordance with the written instructions of the consumer to whom it relates.
- (3) **To a person which it has reason to believe-**
  - (A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or
  - (B) Intends to use the information for employment purposes;**
  - (C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or
  - (D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or
  - (E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

**606. Disclosure of investigative consumer reports**

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless:

- (1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his/her character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in writing, mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his/her right to request additional disclosures provided for under the subsection (b) of this section; or
  - (2) The report is to be used for employment purposes for which the consumer has not specifically applied.
- (a) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by this subsection (a) (1) shall make a complete and accurate disclosure of the nature and the scope of the investigation requested. The Disclosure shall be in writing mailed, or otherwise delivered, to the consumer not later than five days on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.
- (b) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

**(A Copy of the Summary of Your Rights Under the Fair Credit Report Act is being provided)**

**I acknowledge being advised of my rights pursuant to the FCRA.**

Applicant Signature:

Date:

**HIRING PROCESS**

Please review your application and all the forms you have completed to make sure that they are complete to the best of your ability. An incomplete application may result in your being disqualified for further consideration regarding this hiring process. Questions regarding your application or the hiring process should be directed to the Company or Human Resources Department.

I hereby give the Company, Human Resource Department and/or its representatives the authorization to obtain the information as requested from former employers, and I release those providing that information from any and all liability that may arise by the truthful disclosure of said information.

I understand that if I am hired I am free to resign at any time with or without cause and without prior notice with the Company reserving the same right to terminate my employment at any time, with or without cause and without prior notice, other than that which would be required by law. This application and all the documents associated herein do not constitute an agreement or a contract for employment or for any specific duration of time. I understand that no representative of the employer, other than the Chairman of the Board of the Company can do otherwise.

I understand that it is the policy of the Company that all applicants offered employment must successfully complete a drug screen providing evidence of the absence of impairing substances. I also am aware and understand that a confirmed drug test result for the presence of an illegal substance or my failure to submit to a drug screen as directed will preclude me from consideration for employment with the Company for a period of five years. I also understand that if I am hired, I will be subject to and required to provide proof of identity and legal work authorization.

I verify and certify that the information I have provided for this Application for Employment and in any resume or other documents attached or provided by me or any other party, or person designated to represent me in my interests are true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions made by me on this application or any other document included herein, will be adequate grounds for rejection of this application by the Company, or discharge from employment once hired.

**My signature acknowledges that I have read, understand and agree to the above statements.**

Applicant Printed Name:

Applicant Signature:

Date:

## The Monarch Cement Company, Inc. EQUAL OPPORTUNITY EMPLOYMENT FORM

IMPORTANT: Clearly print answers to every question. All information on this application will be treated as confidential. The Company is an equal employment opportunity employer and complies with all applicable laws.

Date:

**THIS FORM IS OPTIONAL** and may be voluntarily completed when your employment application is filled out. The information requested on this form is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application once it is received.

### PERSONAL INFORMATION

Mr. / Mrs.	Last Name	First Name	Middle Name
Current Address		City	State      Zip
Gender (circle one) Male      Female	Social Security Number	Date of Birth	

### ETHNIC ORIGIN (check one)

- White / Caucasian     
  Black / African-American     
  Hispanic     
  Native American  
 Asian / Pacific Islander     
  Mixed / Other \_\_\_\_\_     
  Decline to Identify

### JOB CATEGORY (check one)

Driver     
  Laborer     
  Mechanic     
  Office     
  Other: \_\_\_\_\_

### SPECIAL STATUS (check all that apply)

(As defined by the US Department of Labor, 41 CFR 61.250, and/or Section 38 U.S.C. 3106)

<input type="checkbox"/> Veteran	<input type="checkbox"/> Spouse of a Veteran	<input type="checkbox"/> Orphan of a Veteran
<input type="checkbox"/> Vietnam-Era Veteran	<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Disabled Veteran

### How did you find out about the job opening for which you have applied?

Applicant Printed Name:

Applicant Signature:

Date:

### EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Company to provide equal employment opportunity to all employees and applicants without regard to race, color, religion, gender, national origin, disability, age, marital status, veteran's status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**OFFICE USE ONLY**

EEOC Job Category:



