

**THE MONARCH CEMENT COMPANY
APPLICATION FOR EMPLOYMENT**

IMPORTANT: **Clearly print** answers to every question. All information on this application will be treated as confidential. The Monarch Cement 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		
Are you willing to work weekends?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Willing to transfer to another City or State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever completed an application for employment, been employed by, or been assigned to work through a temporary agency at The Monarch Cement Company ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When	Position
Do you or have you ever had any relatives employed at The Monarch Cement Company ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name and relationship:		

Education/Training Information:

Schools Attended	Name & Address	Graduated (Y/N) Yrs 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

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 Unknown <input type="checkbox"/>	
If this is your present employer, may we call them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: (Please note upon your acceptance, this employer may be contacted for verification of employment.)		
Please describe any gaps in employment (excluding medical related issues) between this listing and the previous 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 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 Unknown <input type="checkbox"/>	

Please describe any gaps in employment (excluding medical related issues) between this listing and the previous 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 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 Unknown <input type="checkbox"/>	

Please describe any gaps in employment (excluding medical related issues) between this listing and the previous 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 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 Unknown <input type="checkbox"/>	

Source Information:

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

Own Initiative / Walk In Advertising (Where) _____ Agency / Job Service Job Fair
 Employee (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?

I authorize the Company to verify and make an investigation of all information contained in this application for employment and to make any reference checks, including previous employers, personal or business references, and credit agencies. I certify that all of the statements I have made and all information provided in this application and other required documents are true, and agree that any false information, misrepresentation or omission of facts may result in cancellation of my application for employment or immediate dismissal. Upon termination of my employment for whatever reason, I release the Company from all liability for furnishing any information concerning my employment to any potential employer.

I hereby consent to give a specimen(s) of my urine, blood or hair for a drug / alcohol test analysis and authorize the testing facility to release my test results to the Company. In the event I am extended an offer of employment, I also consent to take any medical or physical agility exams after such an offer is made (but before commencement of work), but realize and acknowledge that employment with the Company is contingent on my ability to perform essential job functions.

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:
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EQUAL OPPORTUNITY EMPLOYER

It is the policy of The Monarch Cement 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.

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 as an incomplete application.

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

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

Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:
Address:	City:	County:	State:	Zip:

AUTHORIZATION TO OBTAIN INFORMATION REGARDING ANY 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 Company to disclose this information as part of the evaluation of on 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 lawsuits in regards to the information obtained from any and all sources used

Date: _____

Applicant Signature

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) 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 (3) 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.
- (b) 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.
- (c) 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 <http://www.ftc.gov/os/statutes/fcra.htm>

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

Date: _____

Applicant Signature

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 you 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 authorized administrative officer 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 (1) year. 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 statement.

_____ Date: _____
Applicant's Signature