



EMPLOYMENT APPLICATION

“An Equal Opportunity Employer”

Instructions:

- Please type or print in blue or black ink.
- Fully Complete pages 1-4 and the top portion of page 5
- Please read acknowledgements and initial each statement
- Please read and complete Affirmative Action Information on page 6.
 - This information is voluntary and refusal to provide it will not subject you to any adverse treatment.
- Complete Employee Emergency Contact Sheet
- **NOTE: Signatures required on pages 3, 5, 6, 7 and 8**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what authorization do you have to work in the U.S.?
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
FOR REFERENCE PURPOSES. If you have ever been known by or used another name (e.g. married or maiden name) etc.) , specify name and date.			
Are you currently using drugs illegally?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational or Tech School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College or University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College or University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Scholastic Honors (Fellowships, Scholarships, Special Awards, etc)

List all other Machines, Vehicles and equipment (including highway construction equipment) you are qualified to operate and any other skills you possess.

ACTIVITIES

List any school, professional, trade, business or civic organizations in which you have participated and offices held. You may omit those that indicate age, sex, race, color, religion, national origin, physical or mental disability, or status as a disabled veteran or Vietnam era veteran.

ACCOMPLISHMENTS

List any special accomplishments, publications, or awards. You may omit those that indicate age, sex, race, color, religion, national origin, physical or mental disability, or status as a disabled veteran or Vietnam era veteran.

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES.

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference no? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Do you have an agreement with any current or former employers that in any way restricts future employment activities? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please include a copy of the agreement			
May we contact your present supervisor for a reference now? YES <input type="checkbox"/> NO <input type="checkbox"/> If no when may we call?			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

DOT/ PRE EMPLOYMENT

Do you have a driver's license at present? YES NO If Yes, provide the following information.

Date	Type CDL <input type="checkbox"/> Regular <input type="checkbox"/>	Driver's License No.	Expiration Date	Month of Birth	Day of Birth
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Have you been involved in any motor vehicle accidents while driving in the last three years? YES NO

If Yes, Explain:

Have you tested positive for drugs or alcohol or refused to submit to testing during the past two years? YES NO

If Yes, Explain:

List all prior convictions for driving while intoxicated, reckless driving or possession of non-prescription drugs.

Convictions:

List all violations or motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral in the last three years (excluding parking violations)

Violations:

Have you ever had a license, permit or privilege to operate a motor vehicle suspended, revoked or denied? YES NO

If Yes, Explain:

ADDITIONAL EMPLOYMENT INFORMATION

Blank area for providing additional employment information.

ATHORIZATION For the release of personal data and record information. Applicant should complete top portion ONLY.

Name	SOCIAL SECURITY NUMBER		
Address – Street	City	State	Zip Code

As a condition of my employment with the Company, I understand that I must undergo and pass, to the Company's satisfaction, a thorough background investigation and post-hire examination, including a drug/alcohol screen. I hereby authorize and request that any of the information listed below be provided to the Company. A photocopy of this authorization may be treated with the same authority as the original. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE (REQUIRED)

FOR OFFICE USE ONLY

To Whom It May Concern:

We are actively considering the above applicant for employment and would appreciate you forwarding the information checked below by return mail. For your convenience, a postage-paid envelope is enclosed.

EMPLOYER Company Name _____ Dates Employed _____
Job Title _____ Last Salary _____
Reason for Leaving _____

If DOT certified, please provide all information regarding participation in drug and alcohol testing programs for the prior two years (including positive test results and refusals to submit to testing).

Would you rehire? YES NO

Employers Signature:

Title:

SCHOOL (private or public funded)
Name of School _____ Dates Attended _____
Degree conferred _____ Date _____
Registrar's Signature: _____

CRIMINAL/CIVIL COURT RECORDS:

Dates: From _____ To _____ Has this applicant had any convictions YES NO

If Yes, Explain: _____

Court Clerk's Signature: _____

MOTOR VEHICLE REPORT: Please provide a copy of the driving record.

FEDERAL, STATE, MUNICIPAL LICENSING BOARD:

License (type)

Active? YES NO

Reviewed By Company Representative: **CLAY COUNTY MATERIALS LLC Ph 816.415.2102**
17815 E. Foster Road, Suite 111, Liberty, MO 64068

Representative's Name (Please Print) _____ Title _____

Representative's Signature: _____ Date _____

Please return the information requested to the attention of the above company representative in the enclosed paid envelope.

ACKNOWLEDGEMENTS

Please read and initial each of the following:

1. I certify that all statements I have made in this application are true and agree that any misrepresentation or omission of facts requested may be sufficient cause for cancellation of my application or immediate dismissal from the Company if I have been employed. In the event that I am employed, I agree to conform to the rules and policies of the Company. I understand that these rules and policies may be changed, interpreted, withdrawn, or added to at the Company's option at any time without notice.
2. I understand that employment is contingent upon meeting the physical requirements of the job passing, to the Company's satisfaction, a drug and alcohol screen. Depending upon the nature of the job for which I am applying, I understand that the satisfactory completion of a post-hire physical examination may also be required.
3. I acknowledge the Company's notification to me that a background investigation or an investigative consumer report on me may be made. I understand and agree that successful completion to the Company's satisfaction of such investigation(s) is required for employment or continued employment. I hereby authorize the Company to conduct or have conducted the investigation(s) described above and to prepare or cause to be prepared a report based on such information. I further understand that, upon my written request, a complete disclosure of the nature and scope of the investigation(s) conducted will be provided to me.
4. I understand that my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I acknowledge that I do not have a contract of employment with the Company and that, in the future, I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and by a Vice President or higher level officer of the Company.
5. I agree that the Company's liability to me for wages is limited to the amount earned by me as of the date of such termination. I also authorize the Company to deduct at any time any monies owed by me to the Company whenever such deduction is not prohibited by law.
6. I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity generally within three days of being hired. I further understand that the failure to submit such proof within the required time will result in my immediate dismissal from the Company if I have been employed.
7. I understand that my disclosure of prior convictions for criminal or traffic offenses will not necessarily prevent my employment with the Company; however the omission of this requested information will be sufficient cause for cancellation of my application or my immediate dismissal from the Company.
8. I have read and agree to the above acknowledgements.

SIGNATURE
REQUIRED

DATE

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of this page below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that can reasonably be accommodated, or any other legally protected status.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated. We comply with government regulations, including Affirmative Action obligations.

Please be advised that this information is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

DATE ____/____/____

APPLICANT'S NAME _____ (_____) _____
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE: ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL GOVERNMENT EMPLOYMENT AGENCY
 PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING:

HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

DISCLOSURES

This employer is a government contractor subject to Section 503 of the Rehabilitation Act, as amended, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act. If you are a disabled individual, a disabled veteran, or a veteran of the Vietnam era, please tell us. This information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information shall be kept confidential, and shall be used only in accordance with the Acts and Regulations.

Are you disabled? YES NO If yes nature of disability _____

Are you a Vietnam era veteran? YES NO If yes, Month _____ and Year _____ active service completed.

Are you a disabled veteran? YES NO If yes, nature of disability and percent VA rating assigned to disability. _____%

If you are disabled, it would also be helpful if you would provide advice regarding proper placement and appropriate accommodations, if any.

SIGNATURE
REQUIRED

DATE



CLAY COUNTY M A T E R I A L S

EMPLOYEE EMERGENCY CONTACT SHEET

PLEASE PRINT ALL INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Other (____) _____ - _____

EMERGENCY CONTACT PERSON #1 _____ RELATIONSHIP _____

EMERGENCY PHONE #1 (____) _____ - _____ EMERGENCY PHONE #2 (____) _____ - _____

EMERGENCY CONTACT PERSON #2 _____ RELATIONSHIP _____

EMERGENCY PHONE #1 (____) _____ - _____ EMERGENCY PHONE #2 (____) _____ - _____

NEAREST LIVING RELATIVE _____ RELATIONSHIP _____

Address _____
Street City State Zip

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Other (____) _____ - _____

INSURANCE COVERAGE: _____ POLICY NO. _____

EMPLOYEE
SIGNATURE

Date

NOTE: IF THERE ARE EVER ANY CHANGES TO THE ABOVE INFORMATION PLEASE LET US KNOW AS SOON AS POSSIBLE.