

# MAYS CONSTRUCTION SPECIALTIES, INC. (MCSI)

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Application # \_\_\_\_\_

Mays Construction Specialties, Inc. is an equal opportunity employer and does not unlawfully discriminate against any individual in any phase of employment in accordance with the requirements of local, state or federal law. Applicants and or employees may be subject to testing for illegal drugs. In addition, applicants for certain positions that receive a conditional offer of employment must pass a medical examination prior to receiving a confirmed offer of employment.

**PLEASE PROVIDE ONLY THE INFORMATION REQUESTED. Failure to do so may disqualify your application.**

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

- (1) Are you under 18 years of age?  Yes  No If "Yes," state your date of birth. \_\_\_\_\_
- (2) Are you a U.S. citizen or an alien lawfully authorized to work in the United States?  Yes  No Proof of right to work in the United States will be required upon employment in accordance with the Immigration Reform and Control Act of 1986.
- (3) Within the past 30 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates or other controlled substances that were not prescribed to you by a physician, or taken in accordance with your physician's prescription?  Yes  No
- (4) Do you have any relatives employed by MCSI?  Yes  No If yes, give the name and relationship of each relative. \_\_\_\_\_
- (5) Have you ever applied for a position with MCSI before, for which you were not hired?  Yes  No If yes, state when and the position applied for. \_\_\_\_\_
- (6) Have you ever worked for MCSI before?  Yes  No If yes, give the dates of employment and the position held. \_\_\_\_\_
- (7) Have you gone by any other name(s)?  Yes  No If yes, give the other name(s) and the period of time during which it was used. \_\_\_\_\_

**AVAILABILITY:** I am applying for listing # \_\_\_\_\_

**POSITION:**  Operator  Mechanic  Truck Driver  Laborer  
 Form Carpenter  Finisher (inc. curb & gutter)  Office  Other

If "Other", explain. \_\_\_\_\_

- How did you learn of this job listing? \_\_\_\_\_ Do you own the tools required to do the job applied for?  Yes  No
- On what date will you be available for work? \_\_\_\_\_ Are you on layoff and subject to recall?  Yes  No
- What are you willing to work?  Full Time  Part Time  Temporary - Dates \_\_\_\_\_ to \_\_\_\_\_
- List any days of the week and any hours of the day you can't work. \_\_\_\_\_
- Do you have any commitments that will require your absence from work during regular work hours for more than three (3) days within the next six months?  Yes  No If yes, explain. \_\_\_\_\_
- Will you work over 40 hours per week if required?  Yes  No Will you accept out-of-town assignments if required?  Yes  No

## ABILITY TO PERFORM JOB

Please review the job description for the position for which you are applying before completing this section.

- (1) Do you meet all required experience, education and certification qualifications?  Yes  No If no, what qualifications do you lack? \_\_\_\_\_
- (2) Please list any special skills, training or experiences which qualify you for the position for which you are applying. \_\_\_\_\_
- (3) Can you perform the essential job functions with or without reasonable accommodations?  Yes  No
- (4) If the position requires a medical exam after a conditional offer of employment and you receive such an offer, are you willing to be examined by a physician selected by MCSI at the Company's expense?  Yes  No
- (5) All positions at MCSI require the employee to be free from illegal drugs and alcohol while on duty. Are you willing to submit to pre-employment drug testing and, if employed, random, post accident, periodic and reasonable cause drug and alcohol testing?  Yes  No
- (6) Do you have a valid drivers license?  Yes  No State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Classification \_\_\_\_\_

SCHOOL	NAME AND LOCATION	GRADUATED	MAJOR SUBJECTS	GPA
Grammar School				
High School		Yes or No		
College			Degree or Course of Study	
Other (Specify)				

**FORMER EMPLOYERS - List chronologically all jobs for the past ten (10) years. Do not skip any. Add additional sheets if necessary.**

DATE MO/YR	NAME/ADDRESS/PHONE OF EMPLOYER	POSITION	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			

**PERSONAL REFERENCES (not related to you)**

NAME	ADDRESS/PHONE	YEARS ACQUAINTED	BUSINESS

- (1) Explain any gaps in your work history which are longer than six months. \_\_\_\_\_
- (2) Have you ever been fired from a job or quit under threat of being fired?  Yes  No If Yes, when? \_\_\_\_\_ Who was the employer? \_\_\_\_\_ What reason did the employer give you for your dismissal or forced resignation? \_\_\_\_\_
- (3) Have you ever been demoted or disciplined in a job (written warnings, suspension, etc.)?  Yes  No If yes, state when this occurred, identify the employer by name, address and telephone number, and state the reasons given to you by the employer for your demotion or discipline. \_\_\_\_\_
- (4) Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months. \_\_\_\_\_
- (5) Who should we contact to confirm current employment data? (Include name, title, telephone number.) \_\_\_\_\_
- (6) May we talk to your current employer now, or only if you are hired?  Now  Only if hired

**PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION.**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misstatement or omission is discovered. I authorize Mays Construction Specialties, Inc. to contact my references, investigate my employment history, education, and if applicable, driving record, and to obtain a consumer report regarding me. I will submit to and pass any drug test required by Mays Construction Specialties, Inc. as a condition of employment.

I understand that **all employment at Mays Construction Specialties, Inc. is at-will**, meaning that employment with Mays Construction Specialties, Inc. may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either the Mays Construction Specialties, Inc. or myself. I understand that no supervisor or manager has authority to enter into an agreement for employment that waives Mays Construction Specialties, Inc.'s right to terminate employment at will. I understand that Mays Construction Specialties, Inc. has policies and procedures that I must follow, if hired. I understand that Mays Construction Specialties, Inc. reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with Mays Construction Specialties, Inc. I certify that I am submitting this application in a good faith desire for employment at Mays Construction Specialties, Inc. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_