

THE MONARCH CEMENT COMPANY

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print Plainly In Ink And Answer All Questions Completely

PERSONAL DATA

Name _____ Date of Application _____
First Initial Last

Present Address _____
Street City State Zip Code

Telephone Number _____ Social Security Number ____ - ____ - ____

Are you 18 years of age or older? Yes No

Have you ever been convicted (or pled no contest) to a crime (other than a misdemeanor) within the last 7 years? Yes No If yes, explain (will not necessarily exclude you from employment): _____

Have you ever been employed by The Monarch Cement Company? Yes No
If yes, complete the following: Position _____ Dates of Employment _____
From To

What Prompted Your Application? Own Initiative Employee Referral (who) _____
 Advertisement Other (explain) _____
 Agency/Job Service

Do you have any relatives working for The Monarch Cement Company? Yes No
If yes, who? _____

WORK PREFERENCE

Type of Work Desired: _____

Kind of Work Sought: Regular Part Time Summer Temporary Other

Are you willing to work: Night Shift Yes No
Weekends Yes No
Overtime Yes No

Date Available to Start Work: _____

EMPLOYMENT EXPERIENCE (List most recent job first)

Name and Address of Employer	Dates (Mo & Yr)		Position/Title Nature of Work	Final Pay	Supervisor and Reason for Leaving
	From	To			
1.					
2.					
3.					
4.					

Are you presently employed?

Yes No

May we contact your present employer?

Yes No If not now, when? _____

May we contact your prior employers?

Yes No

Have you ever been put on a warning or been disciplined by an employer?

Yes No

If yes, explain: _____

REFERENCES

List three persons, not related to you, who have known you for at least a year.

Name _____ Telephone Number _____
 Address _____ Occupation _____
 _____ Relationship _____

Name _____ Telephone Number _____
 Address _____ Occupation _____
 _____ Relationship _____

Name _____ Telephone Number _____
 Address _____ Occupation _____
 _____ Relationship _____

CONDITIONS OF EMPLOYMENT

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 and/or other personal protective equipment, as may be required? Yes No

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 investigate 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 or blood for a drug/alcohol test analysis and authorize the testing facility to release my test results to the Company. In the event that 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.

Applicant's Signature _____ Date _____