



16700 Chippendale Avenue
Rosemount, MN 55068



APPLICATION FOR EMPLOYMENT

We are an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color creed, religion, age, sex, sexual harassment, national origin, ancestry, marital status, disability, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission created for the purpose of dealing with discrimination, or status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preference, or discrimination based upon non-job-related information or protected characteristics.

Personal Information

Last Name		First Name		MI
Address				
City		State		Zip Code
Daytime Phone		Evening Phone		Cell Phone
Email Address			Social Security Number	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____ Class A B C D				
Driver's License Number _____			Expires _____	
Did you have any DMV violations / citations in the last 5 years on or off the job in ANY state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.				
Month / Year	Description of Violation / Citation		Month / Year	Description of Violation / Citation

Employment Desired

Position Desired _____	
Have you worked for us before? _____	
Have you ever worked in a position similar to the one for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the duties of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, explain limitations: _____	

Equipment / Skills

Operators		Laborers		Drivers	
<input type="checkbox"/> Paver	<input type="checkbox"/> Skid	<input type="checkbox"/> Gravel	<input type="checkbox"/> Tri-Axle		
<input type="checkbox"/> Roller	<input type="checkbox"/> Broom	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Tandems		
<input type="checkbox"/> Dozer	<input type="checkbox"/> Mill	<input type="checkbox"/> Concrete	<input type="checkbox"/> Distributor		
<input type="checkbox"/> Blade	<input type="checkbox"/> Excavator	<input type="checkbox"/> Jackhammer	<input type="checkbox"/> Transport		
<input type="checkbox"/> Loader	<input type="checkbox"/> Curb Machine	<input type="checkbox"/> Manhole			

Please state any additional information you feel may be helpful to us in considering your application:

Education / Training

School (Start with most recent)	Program / Course	Number of Years	Completed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Experience (Start with most recent). Include any job-related military service and volunteer activities.

Employer Name:			
Address:			
Supervisor:		Phone:	
Job/Position:		From:	To:
Duties:			
Reason for Leaving:			
Employer Name:			
Address:			
Supervisor:		Phone:	
Job/Position:		From:	To:
Duties:			
Reason for Leaving:			
Employer Name:			
Address:			
Supervisor:		Phone:	
Job/Position:		From:	To:
Duties:			
Reason for Leaving:			
Employer Name:			
Address:			
Supervisor:		Phone:	
Job/Position:		From:	To:
Duties:			
Reason for Leaving:			

Please indicate any employers who cannot be contacted and reason: _____

References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

I hereby certify that I have read and understand all of this application. I certify that this application was completed by me and is submitted solely for the purpose of seeking employment. By my signature below, I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify the Company, if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired by the Company.

I authorize any person, school, organization, current employer (except as previously noted), or prior employer named in the application form (or related documentation to interview) to provide the Company, with any information and opinion requested by the Company, in connection with my application, and I release such persons, employers and organizations from any legal liability in making such statements.

I agree to have a test for illegal drugs at the Company's expense by a collector designated by the Company prior to final acceptance of employment, and at subsequent intervals as the employer may direct. In addition, I agree to have a medical examination, if required for the position I am applying for, by a designated doctor to determine my physical fitness for employment or continued employment in the event I am employed. I further understand that if employed the Company may bond me at their expense for any amount deemed necessary.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted policies of the Company, and that the Company, does not offer contracts, promises or representations related to employment except those contained in applicable collective bargaining agreements. I understand and agree that, if hired, my employment is for no definite period of time, and that the Company, retains the right to terminate me at any time for any reason not prohibited by law or applicable collective bargaining agreement and that I have the right to resign at any time for any reason, and that these mutual rights constitute the employer's at-will policy. I understand that no person is authorized to change any of the terms mentioned in this employment application.

Signature

Date

McNamara Contracting Inc and/or Midwest Concrete Specialties, Inc

Applicant Survey Form

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form. **Providing this information is completely voluntary.** If you choose not to provide some or all of this information you will not be subject to any negative or adverse treatment.

The information you provide will be used only to monitor our compliance with equal opportunity laws and regulations and for no other purpose, *When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish you may mail this form to us in a separate envelope from the one that contains your application.

Race / Ethnicity: (Select One or More):

- ☐ Black or African American: A person having origins in any of the Black Racial Groups of Africa.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North American or South America (including Central America) and who maintain identifiable tribal affiliation or community attachment.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ Two or More Races: All persons who identify with more than one of the above five races.

Disability - Are you a person with a disability?

- ☐ Yes
- ☐ No

Gender / Sex - Select One

- ☐ Male
- ☐ Female

Veteran Status:

- ☐ Vietnam Era Veteran
- ☐ Qualified Disabled Veteran
- ☐ Other Veteran
- ☐ Not Applicable

* This form is not used for employment decisions. If you have a disability and need any accommodations so that you can perform the duties of the job for which you are applying, please notify us in some other manner.