

EMPLOYMENT APPLICATION FORM



330-658-3033 330-658-2226 FAX
EMAIL: carla@mcampbellcontg.com

DATE: _____

Name:

First

MI

Last

Present Address: _____
Number Street City State Zip

SOCIAL SECURITY NO. _____ - _____ - _____ Marital Status: _____

Telephone No(s) _____ Home _____ Cell _____

Drivers License No. _____

Position Applying For: _____ Do you have CDL? _____ Class _____

Are you currently employed? _____ When are you available to start? _____

WORK EXPERIENCE:

Name of Previous Employer	Date of Employment		Pay Rate
	From	To	

TRADES:

Heavy Equipment Operators:

Are you a member of a union? _____ Local _____

List Types of Equipment you can operate proficiently: _____

Pipelayer Laborers:

Are you a member of a union? _____ Local _____

Do you have a Competent Person Certificate? _____ If so, date of Certificate _____

Have you worked in a safety trench box? _____ Are you familiar w/ laser set up? _____

Two References: _____
(name/address & phone no.) _____

M.CAMPBELL CONTRACTING, LLC

Have you ever been arrested for, and/or convicted of any felonies, or misdemeanors in the past 5 years? Yes No

Are you currently on Probation? Yes No

If yes, please explain/list convictions:

Year	Description	State	County/Jurisdiction

Do you have any physical, or medical limitations? Yes No

Are you currently in physical therapy? Yes No

If yes, please explain physical/medical limitations, or reason for physical therapy:

PLEASE READ CAREFULLY

As indication that you have read and understand each sentence, please write your initials in the spaces provided below.

I authorize investigation of all statements contained in this application _____. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice _____. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact _____. I understand the Company is a DRUG FREE work place, and I understand I may be subject to drug screening testing prior to, or while employed with the Company _____. I further understand that my employment with the Company shall be an introductory period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party _____.

Signature of Applicant _____
Date _____

M. CAMPBELL CONTRACTING, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with M. Campbell Contracting, LLC depends solely on your qualifications.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.