



1508 New Dallas Hwy
Waco, Texas 76705

APPLICATION FOR EMPLOYMENT

PERSONAL RECORD		DATE _____
NAME _____		SOCIAL SECURITY NO. _____
LAST	FIRST	MIDDLE
PRESENT ADDRESS _____		PHONE # _____
STREET	CITY	STATE
PERMANENT ADDRESS _____		ZIP _____
STREET	CITY	STATE
DATE OF BIRTH _____		MARITAL STATUS
		SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
Number of Dependents including self _____		Number of children _____
		Does your spouse work _____

PHYSICAL RECORD	
Do you have physical defects? _____ If yes, describe _____	
Were you ever injured? _____ If yes, give details _____	
Have you ever received compensation for injuries? _____ If yes, describe _____	
Do you have any health problems which might interfere with your job performance? Explain _____	

GENERAL RECORD	
Were you previously employed by us? _____ If yes, when _____ Foreman _____	
List any friends or relatives working for us:	
Name	Relationship
Name	Relationship
Have you ever been arrested? _____ If yes, explain why? _____	
Do you have a valid driver's license? _____ Kind of driver's license: Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur <input type="checkbox"/>	
Drivers License No. _____ Date of Expiration _____	
Has your driver's license ever been revoked or suspended? _____ If yes, why? _____	

EDUCATION RECORD					
School	Name and Address	Years Attended		Did you Graduate?	List Diplomas or Degrees
		From	To		
Elementary				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Training				Yes <input type="checkbox"/> No <input type="checkbox"/>	

MILITARY RECORD				
Service Record	Length of Service	Final Rank	Type Discharge	Present Selective Service Classification
<input type="checkbox"/> None <input type="checkbox"/> Korean War <input type="checkbox"/> Vietnam <input type="checkbox"/> World War II <input type="checkbox"/> Other Peace Time Service <input type="checkbox"/> Disabled Veteran				

WORK EXPERIENCE

In accordance with Federal Motor Carrier Safety Regulations, applicants for truck driving positions must provide a 10 year history of driving experience. Additional Forms are available if needed.

Name and Address of Last or Present Employer	Dates		Describe in detail the work you did	Wages or Salary	Reason for leaving
	From	To			
Next to last employer					
Employer before that					
Employer before that					

SUMMARIZE below other work experience or training you've had (especially those that qualify you for the job you seek initially) and tell how long each lasted:

List the type of equipment you are qualified to operate: _____

POSITION APPLIED FOR: _____ STARTING SALARY EXPECTED _____

IN CASE OF EMERGENCY

Notify: Wife Mother Father Other _____

Name

Address

Telephone

CERTIFICATION

I certify that all of the foregoing statements are true and correct to the best of my knowledge and belief. I am willing to take physical and other examinations when required, and I authorize investigation of all statements contained in this application form. Further, I hereby release from all liability resulting from prior injuries received while in the employment of former employers and I understand that any misrepresentation or omission of facts called for is cause for my dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my salary, be terminated at any time without any previous notice. Further, I understand and agree that my employment may require me to travel to different locations, the jobsite designated will be my work location. It will be my responsibility to arrive at the work location at the time designated.

Witness

Date

Signature

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin.

MAZANEC CONSTRUCTION COMPANY, INC. COMPANY RULES

1. "Normal" basic work hours are from 7:30 A.M. to 4:00 P.M., five days a week.
2. Lunch break is from 12:00 to 12:30.
3. Overtime work is required at certain times. Overtime is defined as work past 40 hours per week and paid at a rate of 1 1/2 times specified wage rate.
4. All workers are insured by workman's compensation insurance and employers liability insurance.
5. Medical insurance is available to employees who have been employed for a minimum of 90 days or 480 hours, and will be paid for by the employee (individual worker) and the company on a 50% basis.
6. All employees must be at the jobsite with their tools, ready to work prior to start time.
7. All employees must show up for work every day or (in case of illness or emergency) contact their supervisor prior to work start time.
8. All workers must maintain a neat appearance, bathe daily, and keep general hygiene.
9. All workers must wear hard soled work shoes and own a hard hat to be worn as required.
10. All skilled workers must have basic tools daily, i.e.; toolbelt, claw hammer, 25' - 30' tape measure, utility knife, side cutting pliers and tie wire reel.
11. All craftsmen must have all hand tools required for/by their trade.
12. Any worker convicted of a felony offense shall notify employer.
13. Employees will not operate equipment, tools or machinery that they are not experienced or familiar with.
14. All employees are to notify their employer about any past physical impairment, injury, or defects and compensation received for same.
15. Employees are to maintain a good work attitude and cooperate with fellow workers.
16. Any employee who has damaged tools, equipment or property due to neglect or flagrant abuse (not normal wear and tear) is liable to replace or repair such said item, or funds can be withheld from the weekly pay period until the items have been paid.
17. The consumption of alcohol and non-prescription drugs on the jobsite or during working hours is prohibited.
18. Firearms and concealed weapons are prohibited from all jobsites and company premises.
19. No smoking in company vehicles.
20. No drinking of alcohol in any of the company vehicles.
21. No driving under the influence of alcohol or drugs in any of the company vehicles.
22. A copy of a valid drivers license is required to drive a company vehicle (copy to be on file in office.)
23. Job applicant's drug screening will be withheld from his first paycheck. Upon completion of two weeks work, applicant will be refunded.
24. Any drug test that results in a positive manner, whether pre-employment or random, will be paid for out of the employees final check.
25. All workers must have a 10 hour OSHA training.

Employees shall acknowledge that these rules are basic and standard in form and shall not limit their responsibility to only these rules.

The undersigned fully acknowledges that failure to comply with these rules could result in termination of their employment.

SIGNED _____

DATE _____

I, _____, hereby certify that I grant access to my Driver License / ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to Mazanec Construction Co., Inc. This access is granted regardless of the restrictions I have placed on my records for public access.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

SIGNED _____

DATE _____

MAZANEC CONSTRUCTION COMPANY, INC.

SAFETY PROCEDURES

It is the purpose of this company to provide construction and equipment services to our customers. The service provided shall be of the highest quality using the appropriate cost saving techniques.

Each person employed by this company has the right to a safe and drug free environment to assure a high work standard. Employees will follow those operating procedures which will safeguard them and their fellow employees to ensure safe working conditions.

As part of this program, no illegal drugs, intoxicating beverages, firearms or weapons are allowed in vehicles, any offices or at work sites. Illegal drugs include marijuana and all other drugs not prescribed, for the individual, by a licensed physician.

The Company reserves the right to conduct searches from time to time, and without warning, by authorized company representatives of anyone entering any vehicle, office or work site location of the company. Such searches may be made of company employees as well as employees of contractors having business with the company.

When appropriate, such items discovered through these company searches may be taken into custody and turned over to the proper law enforcement authorities.

Violation of this policy, or refusal to a search will be cause for immediate termination of employment.

Signed _____

Date _____

MAZANEC CONSTRUCTION COMPANY, INC.
DRUG TESTING POLICY

I, the undersigned, do certify I understand as a condition of employment with Mazanec Construction Company, Inc. is to submit to Urinalysis Drug Testing as directed by Mazanec Construction Company. I further understand that failure to submit to the testing, or testing positive, will disqualify me for employment. I understand that random drug testing will be required from time to time without prior warning.

I further certify that on this date, I received a personal copy of the Mazanec Construction Company, Inc. Safety Procedure. The policy pertains to illegal drugs, alcoholic beverages, and firearms and weapons in the work place and the company's search policy.

DATE _____

NAME _____

SIGNATURE _____

**IMPORTANT NOTICE
TO ALL MAZANEC CONSTRUCTION CO., INC. EMPLOYEES**

RULE 110.106: EMPLOYER'S NOTICE TO NEW EMPLOYEES

Mazanec Construction Co., Inc. has workers' compensation insurance coverage from Liberty Mutual to protect you. You can get more information about your workers compensation rights from, any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Mazanec Construction Co., Inc. in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Mazanec Construction Co., Inc. esta cubieerto por asequanza de compensacion al traabajador atraves do Liberty Mutual para su proteccion. Usted puede obtener informacion adicional sobre sus derechos de compmpensacion al trabajador de cualquier oficina de la Comision de Compensacion de Trabajadores de Tejas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley comun, si, no mas tarde de cinco dias despues de comenzar empleo, usted notifica a Mazanec Const. Co., Inc. por escrito que usted desea retener su derecho bajo la ley comun para recobrar danos poor lesiones personales. Si usted elige su derecho de accion por la ley comun, usted no puede obtener ingreso de compensacion al trabajador o beneficios medicos si es usted lesionado/a.