

M&P VENTURE PARTNERS DEMOLITION, LLC

DEMOLITION ♦ SALVAGE ♦ CRUSHING ♦ RECYCLING
A Veteran Owned Company
7215 NORTH 62ND AVENUE ♦ GLENDALE, AZ 85301
OFFICE: (602) 455-4700 ♦ FAX: (602) 415-1805
AZ ROC LICENSE #K57-281029

EMPLOYMENT APPLICATION

PLEASE PRINT TO FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED

DATE OF APPLICATION _____

FULL LEGAL NAME _____

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ IF YES, GIVE DATES FROM _____ TO _____

REASON FOR LEAVING: _____

WERE YOU REFERRED TO US? _____ WHO REFERRED YOU? _____

RATE OF PAY EXPECTED? _____ WHEN ARE YOU AVAILABLE TO START? _____

ARE YOU LOOKING FOR FULL-TIME _____ OR PART-TIME _____ SEASONAL _____

IF PART-TIME: WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

ARE YOU AVAILABLE TO WORK: _____ DAYS _____ SWING _____ NIGHTS _____ OVERTIME _____ TRAVEL _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN FULLY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

EDUCATION HISTORY

(PLEASE CIRCLE HIGHEST LEVEL COMPLETED)

GRADE SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE 1 2 3 4 POST GRADUATE 1 2 3 4

HIGH SCHOOL _____ UNIVERSITY _____

REFERENCES

LIST THREE (3) PERSONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR MORE THAN A YEAR.

NAME _____ PHONE _____ YEARS KNOW _____

NAME _____ PHONE _____ YEARS KNOW _____

NAME _____ PHONE _____ YEARS KNOW _____

EMPLOYMENT HISTORY

1) FROM _____ TO _____ POSITION HELD _____
NAME _____ COMPANY PHONE _____
ADDRESS _____
REASON FOR LEAVING _____
MAY WE CONTACT? _____

2) FROM _____ TO _____ POSITION HELD _____
NAME _____ COMPANY PHONE _____
ADDRESS _____
REASON FOR LEAVING _____
MAY WE CONTACT? _____

3) FROM _____ TO _____ POSITION HELD _____
NAME _____ COMPANY PHONE _____
ADDRESS _____
REASON FOR LEAVING _____
MAY WE CONTACT? _____

4) FROM _____ TO _____ POSITION HELD _____
NAME _____ COMPANY PHONE _____
ADDRESS _____
REASON FOR LEAVING _____
MAY WE CONTACT? _____

5) FROM _____ TO _____ POSITION HELD _____
NAME _____ COMPANY PHONE _____
ADDRESS _____
REASON FOR LEAVING _____
MAY WE CONTACT? _____

ADDITIONAL INFORMATION YOU FEEL WE SHOULD KNOW:

EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

DRUG FREE WORKPLACE NOTICE AND TESTING POLICY

M&P Venture Partners, LLC (Hereinafter referred to as the "Company") is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone's safety and the success of our operation. We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with the company's alcohol and drug program is a term and condition of employment.

The company has implemented a post-offer, post-accident and for cause drug and alcohol testing policy for all employees. All hires will be tested for drug and alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test or any positive test result is grounds for discipline up to and including termination.

BY SIGNING BELOW, I CERTIFY:

1. That I have read and understand the company's drug free workplace notice and testing policy
2. That I understand all questions on this application;
3. I agree to furnish such additional information and complete such examinations as may be required to complete my application file.
4. It is agreed and understood that if qualified and hired, i may be on a probationary period during which time I may be disqualified without recourse.
5. That this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.
6. It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

APPLICANT SIGNATURE: _____

PRINTED NAME: _____ DATE: _____