



1004 Vernon Road, PO Box 62
Wathena, KS 66090
P: 785-989-4550 F: 785-990-6266
www.mconunderground.com

EMPLOYMENT APPLICATION

M CON, LLC is a full service construction company providing in-house resources capable of completing large to small multi-task projects, while providing quality through safety every step of the way. Team **M CON** specializes in a wide variety of underground utilities ranging from water, sewer, gas and electrical to telecommunications. Our commitment to completing our projects on time with quality workmanship continues to provide our customers superb satisfaction.

About Us

M CON, LLC is an underground utility contractor based in Wathena, Kansas. Owner, Tyler Miller, and his team of dedicated and highly qualified employees, strives to provide their customers with the most reliable and affordable underground services throughout the Midwest.

M CON, LLC is a company with deep roots in the construction industry. The tradition began with the late Edward "Ed" Miller, grandfather of Tyler Miller, in the early 50's, specializing in earthwork and small utilities to the rock quarry business. In 1972, Jim Miller, father of Tyler Miller, opened Miller Construction Company specializing in earthwork, drainage projects and all types of infrastructure throughout Northeast Kansas.

M CON, LLC was founded in January of 2006, to provide an internal company that would stretch out to all areas of the Midwest. Through our dedication to becoming one of the underground leaders in the Midwest, **M CON, LLC** has completed projects in Kansas, Missouri, Oklahoma, Arkansas, Texas, Nebraska and continues to reach out to an unlimited boundary bringing value to clients throughout.

M CON, LLC is an at-will employer and does not discriminate. The acceptance of this application and subsequent interviews do not constitute a job offer. A formal job offer will be conveyed as **M CON, LLC** deems appropriate. By completing this application, you are certifying that you are able both physically and mentally to perform the work that **M CON, LLC** performs.

We appreciate your interest in **M CON, LLC**, and look forward to reviewing your application.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Application for Employment

Position <input type="checkbox"/> Laborer <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other	Date of Application 	Date Available to Work
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How did you learn about us?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> On Line Job Posting
<input type="checkbox"/> Friend	<input type="checkbox"/> Referred by (Name) _____	<input type="checkbox"/> Facebook
<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

Have you filed an application with M CON, LLC before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by M CON, LLC before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Contact Information

Last Name		First Name		Middle Initial
Mailing Address		City	State	Zip
Email Address		Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	
Emergency Contact			Residence Phone	
Phone	Relationship		Cell Phone	

Education

Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Attended _____ Location _____	
Name & Location of College, University, & Technical Schools	Did you Graduate?	Course of Study	Certificate or Degree

Employment History

Employing Firm		From: Month	Year	To: Month	Year
Address		Starting Rate of Pay: _____			
Phone Number	Supervisor	Final Rate of Pay: _____			
		Reason for Leaving: _____			
Your Title	Supervisor's Title	May we contact this employer?		Full Time <input type="checkbox"/>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain		Part Time <input type="checkbox"/>	
Primary Responsibilities					

Employment History

Employing Firm		From: Month Year	To: Month Year
Address		Starting Rate of Pay: _____	
Phone Number Supervisor		Final Rate of Pay: _____	
		Reason for Leaving: _____	
Your Title	Supervisor's Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Primary Responsibilities			

Employment History

Employing Firm		From: Month Year	To: Month Year
Address		Starting Rate of Pay: _____	
Phone Number Supervisor		Final Rate of Pay: _____	
		Reason for Leaving: _____	
Your Title	Supervisor's Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Primary Responsibilities			

Military

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served for 181 consecutive days or by reason of disability incurred while serving on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Survey

Are you willing to work projects out of town?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to be gone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 5 days per week <input type="checkbox"/> 7 days per week
Do you need to be home on the weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sometimes (with approval)
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to work on your feet for 10 hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to lift 50 pounds consistently and up to 100 pounds occasionally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential function of this job with or without reasonable accommodations? (If you have any questions about the functions of the job, please ask the interviewers before answering the question.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have construction experience? If yes, please explain (i.e. waterlines, sewer lines, directional drilling, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Class A <input type="checkbox"/> Class B <input type="checkbox"/>	

Application for Employment

What type of tools have you worked with?	<input type="checkbox"/> Drills	<input type="checkbox"/> Welder	<input type="checkbox"/> Other (List)
	<input type="checkbox"/> Cutting Torches	<input type="checkbox"/> Wrenches	
What type, if any, of welding have you done?	<input type="checkbox"/> Stick	<input type="checkbox"/> Wire Feed	<input type="checkbox"/> None
How much experience do you have welding?	<input type="checkbox"/> A few times	<input type="checkbox"/> Many Times	
What type, if any, of operating machinery of you have and what machines/equipment?	<input type="checkbox"/> Bobcat	<input type="checkbox"/> Dozer	<input type="checkbox"/> Directional Bore Machine
	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Trencher	<input type="checkbox"/> Other (List)
Describe any additional experience or training that qualifies you for this job?			
Have you completed OSHA Training and possess a card or certificate?	<input type="checkbox"/> Yes, 30hr	<input type="checkbox"/> Yes, 10hr	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><i>Conviction will not necessarily disqualify an applicant from employment. The recency, severity and pertinence of the conviction to the job will be considered.</i></p> <p>If yes, please explain.</p>			
Are you on probation or parole?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work out of state and/or near schools?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you take an alcohol/drug screen breath/urine test for drug, alcohol, or controlled substance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to speak, understand spoken English and follow verbal and written instructions in English?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you personally complete this application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In connection with this application for employment, I authorize the employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not present employer until job is offered <input type="checkbox"/> No (We may be unable to hire you without this information.)</p> <p>I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.</p> <p>This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.</p>			

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature (Do not Print): _____

Date: _____



M CON, LLC
Controlled Substance / Alcohol Testing Policy

Acknowledge of Receipt

I _____, acknowledge receipt and agree that I have read and understand the Controlled Substance and Alcohol Testing Policy and Procedures of **M CON, LLC**. I further acknowledge and agree that I will abide by these policies and understand that violation of these policies will result in permanent disqualification. I understand and agree that I will be subject to random controlled substance and alcohol testing to see fit by Pipeline Testing Consortium, Inc. and/ or Mosaic Occupational Medicine, or **M CON, LLC**. I also understand that **M CON, LLC** reserves the right to modify this policy as changes and conditions in the regulations, law, and business occur.

Employee

Employee Signature

Date

M CON, LLC Owner

M CON, LLC Executive Assistant

VIOLATION

An operator / laborer is in violation of this business policy whenever he / she is found to have engaged in drug and / or alcohol use prohibited by this policy and / or in violation of Pipe Line Testing Consortium, Inc. and Mosaic Occupational Medicine alcohol misuse and controlled substance regulations.

CONSEQUENCES FOR VIOLATION

Violation of the business policy, Pipe Line Testing Consortium, Inc. and Mosaic Occupational Medicine alcohol misuse and controlled substance use regulations will result in the following consequences:

A: The operator / laborer will be immediately removed from a safety sensitive function.

B: The operator / laborer cannot return to safety sensitive duties for **M CON, LLC.**

C: The operator / laborer having an alcohol concentration of 0.02 – 0.039 when tested, must be removed from safety sensitive functions for at least 24 hours.

PROHIBITED DRUG USE

Pipeline Testing Consortium, Inc. and **M CON, LLC rules prohibit covered operators and / or laborers from reporting for or performing safety sensitive functions:**

When using any controlled substance, except a prescription that does not adversely affect his / her ability to safely operate a commercial motor vehicle. Additionally, operators and / or laborers must inform the company of any therapeutic drug use, before performing safety sensitive:

Amphetamines / Methamphetamines

Cocaine

Opiates

Phencyclidine

THC (marijuana, hashish, etc.)

DRUG AND ALCOHOL TESTING PROCEDURES

In order to protect the operator / laborer and the integrity of the testing process, safeguard the validity of the test result and ensure those results are attributed to the correct operator / laborer, all drug and alcohol testing shall be performed in accordance with the procedures defined by the Department of Transportation, Pipeline Testing Consortium, Inc. and **M CON, LLC**.

SUBMISSION TO TESTING

No operator / laborer shall refuse to submit to any drug and / or alcohol testing required by this policy and / or Pipeline Testing Consortium, Inc., Mosaic Occupational Medicine, and **M CON, LLC** alcohol misuse and controlled substance use regulations. Refusal to submit to any / or all types of alcohol or controlled substance testing procedures will be treated as a positive result, an act of gross misconduct and will be grounds for refusal of qualification for an applicant and disqualification for an existing operator / laborer.

An operator / laborer shall be deemed to have refused to submit to an alcohol and / or controlled substance test when the operator / laborer:

- 1:** Fails to provide adequate breath or saliva for testing without valid medical explanation after he /she has received notice of alcohol testing required by DOT regulations and company policy.
- 2:** Fails to provide adequate urine for controlled substances testing without a valid medical explanation after he / she has received notice for controlled substance testing required by DOT regulations and company policy.
- 3:** Engages in conduct that clearly obstructs the testing process.

*** Please refer to U.S. Department of Transportation Drug and Alcohol Policy and Compliance. You may do so at 202-366-DRUG (3784) or visit their website at www.dot.gov/odapc or reference to the employee copy provided in the employee office at M CON, LLC.**

M CON, LLC

Motor vehicle Report Authorization Form

As an employee or a prospective employee of M CON, LLC, please be aware of Motor Vehicle Report (MVR) will be requested to review your past driving history. The review is part of our employment screening process to ensure eligibility under our commercial insurance program in the event your job responsibilities would include operating company vehicles.

Your signed consent is required under the Federal Fair Credit Reporting Act when accessing Motor Vehicle Reports for employment purposes. Please be advised, M CON, LLC will initialize the MVR for employment purposes, including hiring and promotion decisions, only if written consent is received.

Section 604 of the FCRA contains a list of the permissible purposes under law in which we may use a Consumer Report (MVR). To obtain a copy of the FCRA complete report, please contact the Federal Trade Commissioner (website at <http://www.ftc.gov>). A summary of the Consumer Rights under the Fair Credit Reporting Act will be provided to M CON, LLC with every MVR that is obtained for employment purposes. Please advise if you wish to receive a copy of this report.

I Hereby Agree, I have read and understand the above information regarding the formality of using Motor Vehicle Reports for the employment purposes, including hiring and promotional decisions by M CON, LLC.

Therefore, I authorize M CON, LLC to request a Motor Vehicle Report for the above stated purposes. However, if employment is denied based on Adverse Action due to the information obtained from MVR, I understand I am entitled to oral or written notification within 30 days from M CON, LLC.

Signed: _____

Date: _____

Name as appears on License: _____

License Number: _____

State of License: _____

Date of Birth: _____