



MOORE TROSPER CONSTRUCTION COMPANY

(herein known as the Company)

NOTICE TO APPLICANTS

One of the requirements for consideration of employment with the Company is the satisfactory passing of a post-offer, pre-employment physical and urine drug screen.

In order to provide a safe and healthful environment for our employees, our customers, suppliers, visitors and members of the general public, those applicants offered a position with the Company will be required to undergo such an examination and may be dropped from consideration of employment if the testing results indicate you are consuming, using, or under the influence of alcohol or illegal and unauthorized drugs (synthetics, designers, etc.) and other harmful substances. Refusal to submit to the above screening tests will constitute voluntary withdrawal of your application of employment.

Applicants with positive results will be disqualified on a fair and equitable basis.

However, these individuals who have been disqualified due to positive test results will be eligible to reapply for work with the Company after six months after having been dropped from consideration.

Moore Trosper Construction Company may perform background screening on employees. If you are hired by Moore Trosper, you are authorizing such background screens to be performed.



APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address		Home Telephone	
City, State, Zip		Business Telephone	
Have you ever applied for employment with us? ___Yes ___No If yes, Month and Year_____		Social Security #	
Position Desired		Location_____ Pay Expected	
Apart from absence for religious observance, are you available for full-time work? ___Yes ___No If not, what hours can you work? _____		Will you work overtime if asked? ___Yes ___No	
Are you legally eligible for employment in the United States?		When will you be available to begin work?	
Other special training or skills (languages, machine operation, etc.)			
School	Name and Location of School	Course of Study	Years Completed
Graduate			Did you Graduate?
			Degree or Diploma
College			
Business Trade/ Technical			
High School			
Elementary			

EMPLOYMENT

Please give accurate, complete full time and part-time employment record. Start with your present or most-recent employer.

Company Name	Telephone
Address	Employed (state month and year From _____ To _____)
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (state month and year From _____ To _____)
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Company Name	Telephone
Address	Employed (state month and year From _____ To _____)
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate not to.

DO NOT CONTACT

Employer _____ Reason _____
Employer _____ Reason _____

FOR EMPLOYERS USE ONLY

Reference Check

Employer Person Contacted Results

1

2

3

4

Test Results

Tests Rate
Administered Score Rating Analysis and Comments

Interview Results

Interviewer Name and Comments

Do not answer any question in this section unless the box is checked but please sign and date at the bottom

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Provide dates you attended school: Elementary From _____ To _____ Number of dependents including yourself _____
 High School From _____ To _____ Are you a Vietnam Veteran? Yes _____ No _____
 Other (give name and dates) From _____ To _____ Sex Male _____ Female _____

Marital Status Single _____ Engaged _____ Married _____ Date of Marriage: _____
 Separated _____ Divorced _____ Widowed _____ Are you a U.S. Citizen Yes _____ No _____

What was your previous address: _____ How long at present address Years _____
 How long at previous address Years _____

Have you ever been bonded? Yes _____ No _____ Are you over 18 years of age? Yes _____ No _____
 If yes, what happened? _____

Have you been convicted of a crime in the past ten years? Yes _____ No _____ If yes, please describe in full: _____

State names of relatives and friends working for us, other than your spouse: _____

Have you received Workers Compensation or Disability Income payments? Yes _____ No _____ If yes, please describe _____

Have you physical defects which preclude you from performing certain jobs? Yes _____ No _____ If yes, please describe limitation _____

Do you have any physical condition which might hurt your ability to perform the job for which you are applying? Yes _____ No _____ If yes, please describe this condition and how you can perform the job in spite of it _____

Have you had a major illness in the past 5 years? Yes _____ No _____ If yes, please describe _____

Please sign: _____ **Date:** _____