



Quality & Service Since 1945

Marcus McInarnay
President

Mike Vallencourt
Chairman

Mike Vallencourt II
Vice President

Frank Vallencourt
Senior Vice President

Employment Application We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or veteran or marital status.

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State			ZIP			
Phone			E-mail Address						
Best way to get ahold of you: Phone Call? Text? Email?									
Date Available		Social Security No.			Desired Salary				
Position(s) Applied for: Circle please		Pipe Foreman Excavator operator(pipe crew) Loader operator (pipe crew) Pipe Layer/Tailman Laborer(entry level) Superintendent(All types of work)			Dirt/Clearing Crew Foreman Excavator Operator(Dirt and clearing crew) Dozer Operator (Dirt and clearing crew) Loader, Roller, Offroad truck operator Motor Grader operator				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, explain				
Are you related to anyone that works here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, who?				
Were you referred by anyone that works here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, who?				
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		If no, explain				
Driver's license number and State									
In Case of emergency, please notify:									
Emergency contact phone number:									
EDUCATION									
High School		Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College		Address							

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES.					
Full Name				Relationship	
Company				Phone	
Address					
Full Name				Relationship	
Company				Phone	
Address					
Full Name				Relationship	
Company				Phone	
Address					
PREVIOUS EMPLOYMENT					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain:

EXPERIENCE AND SKILLS*PLEASE LIST ANY SKILLS OR EXPERIENCE YOU HAVE THAT IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR.***LIST ADDITIONAL TRAINING YOU HAVE RECEIVED OR CERTIFICATIONS YOU HAVE***PLEASE LIST ANY SKILLS OR EXPERIENCE YOU HAVE THAT IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR***DISCLAIMER AND SIGNATURE**

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period.

I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I will be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read and understand everything above.

Signature

Date

APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, age, national origin, marital or veteran status, medical condition or handicap.

Solely to help us comply with record keeping, reporting, and other requirements, please fill out the Application Data survey below.

This data is for statistical purposes only and will be kept in a **confidential file** separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) applied for: _____

Referral source: _____

APPLICANT SURVEY

This data is for statistical purposes only. Submission of information is voluntary.

Check one:

Male

Female

Date of Birth: _____

Race/Ethnic Group:

Causasian

African American

Hispanic

American Indian/Alaskan

Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran

Disabled Veteran

Handicapped
