



14835 SE 82ND DR.  
CLACKAMAS, OR 97015

CCB #48058  
WWW.MARIONCONST.COM

PH: (503) 581-1920

MARION CONSTRUCTION COMPANY

FAX: (503) 399-0823

## Marion Pre-Construction Worksheet

Name: \_\_\_\_\_  
Trade: \_\_\_\_\_  
Date: \_\_\_\_\_

1. The normal weight of 1 cubic foot of concrete is:
  - a. 750lbs
  - b. 150lbs
  - c. 300lbs
  - d. 95lbs
2. You are required to be 100% tied off by harness & lanyard above:
  - a. 10 ft.
  - b. 15 ft.
  - c. 17 ft.
  - d. All of the above
3. What safety personal equipment is required at all times on the jobsite:
  - a. Knee Pads
  - b. Back Brace
  - c. Hard Hat
  - d. All of the Above
4.  $6'-3\frac{1}{4}'' + 3'-7\frac{1}{2}'' =$ 
  - a.  $10'-11\frac{1}{4}''$
  - b.  $9'-10\frac{3}{4}''$
  - c.  $8'-10\frac{3}{4}''$
  - d. None of the above
5. A standard full sheet of plywood is:
  - a. 4'x4'
  - b. 3'x6'
  - c. 4'x8'
  - d. 5'x8'
6. A 2x4 actually measures:
  - a.  $1\frac{1}{2}'' \times 3\frac{1}{2}''$
  - b.  $2'' \times 4''$
  - c.  $2\frac{1}{4}'' \times 4\frac{1}{4}''$
  - d.  $2\frac{1}{2}'' \times 4''$
7. A Jahn Bracket is used with what tie system:
  - a. Taper Ties
  - b. Snap Ties
  - c. She Bolts
  - d. Wire Ties
8. A Gang Form is:
  - a. A pre-built wall form panel usually flown by crane.
  - b. A waste box for extra concrete
  - c. A delivery chute for concrete placement
  - d. None of the above
9. It is proper in our workplace to:
  - a. Tell jokes that may not be funny to everyone or offensive.
  - b. Refer to someone other than by their given name.
  - c. Support your coworkers and be respectful to all people on the site.
  - d. Show pictures from your phone to others that may be offensive to someone.
10. It is important for me:
  - a. To always be on time and ready to start work at the beginning of my shift.
  - b. Listen to instructions for my supervisor and ask for clarification when I need.
  - c. Notify my supervisor in advance of time off I need for personal business.
  - d. All of the above



14835 SE 82ND DR.  
CLACKAMAS, OR 97015

CCB #48058  
WWW.MARIONCONST.COM

PH: (503) 581-1920

MARION CONSTRUCTION COMPANY

FAX: (503) 399-0823

## AT-WILL EMPLOYMENT QUESTIONNAIRE

TODAY'S DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

**EDUCATION:** Please circle highest grade completed. 7 8 9 10 11 12 12+

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**SECURITY:** List states and counties of residence for the past seven years. \_\_\_\_\_

Yes No Have you used any names or Social Security Numbers other than those on this page? List on separate page.

**JOB-RELATED SKILLS** NOTE: Do not fill out any part of this section you believe to be non job-related.

List languages in which you are fluent \_\_\_\_\_

Yes No If the job requires, do you have the appropriate valid driver's license?  
DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes No Have you had any moving violations? Please describe \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related, or that you feel would be of value to this job or company.

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodations?

### EMPLOYMENT REFERENCES

#### MOST RECENT EMPLOYER

COMPANY NAME \_\_\_\_\_ May we contact? \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

COMPANY NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

COMPANY NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives. List name and contact number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact Person: \_\_\_\_\_ Contact's Day Time Phone: \_\_\_\_\_  
2nd Contact Person: \_\_\_\_\_ Contact's Day Time Phone: \_\_\_\_\_

**Applicant Consents and Acknowledges the following by initialing each:**

\_\_\_\_\_ **1. Consent to Drug and Alcohol Tests:** I hereby consent and agree to give specimens of my urine to any medical facility, laboratory or medical person designated by Marion Construction Company. These specimens shall be used to detect the presence of alcohol, marijuana and/or other drugs in my body. I further consent and agree that the results may be furnished to Marion Construction Company by the testing facility, and Marion Construction Company may inform the union hiring hall which referred me of my pass/fail results. I further consent and agree that I am considered to be a probationary employee until such time as Marion Construction Company receives my test results.

If approved for employment or presently employed: In the event that I am directly or indirectly involved in work-related accidents, I consent and agree to give specimens of my urine and/or blood in accordance with this policy, for the purpose of testing for the presence of alcohol or drugs in my body. The facility is authorized to release the results of such tests to Marion Construction Company

I further acknowledge that I have access to Marion Construction Company's Drug/Alcohol Policy and Procedures. My signature below acknowledges that I have read and understand the foregoing statements and the consents given herein. Positive test results on this test will be cause for disciplinary action up to and including termination.

\_\_\_\_\_ **2. Mobile Work Sites:** It is the intent of Marion Construction Company at the time of hire that this job offer involves multiple or mobile work sites and you, the worker, could be assigned to any such site. These work sites may be more than 50 miles from your initial work site or your home. This employment offer is contingent upon your acknowledgement and agreement of the above.

\_\_\_\_\_ **3. At Will Employment:** The policies included in this employment packet and issued by Marion Construction Company are not to be construed as a contract. We reserve the right to employ at will. This means that the employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the company or at the option of the employee. This employment offer is contingent upon your acknowledgement and agreement of the above.

\_\_\_\_\_ **4. Use of Personal Vehicle:** There may be times while you are employed by MCC when you will be asked to drive your vehicle for work purposes. Should such an instance occur, MCC must be certain that you are maintaining insurance on your vehicle. I acknowledge that insurance on my vehicle is required at all times when I am driving it for work purposes. I agree that I will maintain insurance on my vehicle at all times while it is being used for work purposes. I agree to notify my supervisor, before I drive for company purposes, if I do not have insurance on my vehicle. I acknowledge that failure to do so may lead to disciplinary action, up to and including, termination of employment.

\_\_\_\_\_ **5. Motor Vehicle Records:** I hereby authorize procurement of motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle records at any time during my employment (or contract) period.

\_\_\_\_\_ **4. Policy Acknowledgement:** This is to certify that I have read and have access to a copy of the following policies of Marion Construction Company and have been trained on each by the project superintendent. I understand that complying with these rules and regulations will be a condition of employment. **INITIAL EACH ONE.**

- |                               |                                                         |
|-------------------------------|---------------------------------------------------------|
| _____ Barrier/Awareness Lines | _____ Safety Policy Statement and Company Safety Policy |
| _____ Bloodborne Pathogens    | _____ Confined Space Policy                             |
| _____ Lockout/Tag out Policy  | _____ Fall Protection Policy                            |

- |                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Hazard Communication Program                                    | <input type="checkbox"/> Drug/Alcohol Policy & Procedures          |
| <input type="checkbox"/> Employee Responsibility Regarding On-the-Job Injuries/Accidents |                                                                    |
| <input type="checkbox"/> Motor Vehicle Record Policy                                     | <input type="checkbox"/> Equal Employment Opportunity Policy       |
| <input type="checkbox"/> Harassment & Discrimination Prohibited Policy                   | <input type="checkbox"/> Employee Rights & Responsibilities (FMLA) |

**CERTIFICATION AND RELEASE** The answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this questionnaire may result in discharge at any time during employment. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand this application will expire 30 days after the date signed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AFFIRMATIVE ACTION QUESTIONNAIRE**

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping of periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following.

Title of job applied for \_\_\_\_\_

Sex  
 Male       Female

**RACE (Check one)**

- White - origins in Europe, North Africa or Middle East
- Asian - origins in Far East, SE Asia, India
- Black - origins in Africa
- Hispanic - Mexican, Puerto Rican, Cuban, Central or South America
- American Indian - origins in North America to include Alaska
- Native Hawaiian or other Pacific Islander
- Two or more races, not Hispanic or Latino

**VETERANS/U.S. MILITARY STATUS**

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64 - 5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

**PHYSICAL CONDITIONS (CHECK ONE)**

- No handicaps
- Physically handicapped (no facility modification)
- Physically handicapped (facility modification)
- Health handicapped (heart attack, diabetic, seizures, etc.)
- Mentally handicapped (learning disabled)

**ACTIVE NATIONAL GUARD OR RESERVIST (CHECK ONE)**

- Yes       No

**Marion Construction Company has placed their *Corporate and Safety Manual* Online at [www.marionconst.com](http://www.marionconst.com), available for download**

## REGULAR JOB DESCRIPTION - CARPENTER

EMPLOYER:	Marion Construction Company	PHONE/FAX NUMBER:	503-581-1920   503-399-0823
ADDRESS:	14835 SE 82 <sup>nd</sup> Dr.	CONTACT PERSON:	Ashley Parsell, HR
	Clackamas, OR 97015	JOB TITLE OF WORKER:	Carpenter

JOB DUTIES (attach narrative description if available, complete physical requirements below): Normal carpenter work activities include form building and stripping form work, table flying, concrete placement, concrete form layout, wood framing, hammering, handsaw cutting, skill saw cutting, drilling, scaffold or work deck building. Placing and removing reshoring on multi-floor structures.

### ENDURANCE

**TOTAL HOURS WORK: 8 HRS/ 5 DAYS WEEK**

	Total Hours in a work day
Sitting	2
Standing	5
Walking	1

### PHYSICAL REQUIREMENTS

	0 hr	Intermittent <1 hr	Occas. 1-3 hrs.	Freq. 3-6 hrs.	Cont. 6+ hrs		0 hr	Intermittent <1 hr	Occas. 1-3 hrs.	Freq. 3-6 hrs.	Cont. 6+ hrs
<b>Lift</b>											
1-10 lbs					X	Bend				X	
11-20 lbs					X	Twist				X	
21-50 lbs				X		Crouch				X	
51-75 lbs			X			Kneel				X	
76-100 lbs			X			Crawl		X			
						Walk-Level Surface				X	
						Walk-Uneven Surface					X
<b>Carry</b>					X	Climb Stairs		X			
1-10 lbs					X	Climb Ladder				X	
11-20 lbs					X	Reach Above Shoulder				X	
21-50 lbs				X		Use of Arms				X	
51-75 lbs				X		Use of Wrist					X
76-100 lbs			X			Use of Hands					X
						(a) Grasping				X	
						(b) Squeezing				X	
						Operate Foot Control			X		
<b>Push</b>						<b>Environment</b>					
1-10 lbs				X		Inside		X			
11-20 lbs					X	Outside			X		
21-50 lbs				X		Heat			X		
51-75 lbs			X			Cold			X		
76-100 lbs			X			Dusty		X			
						Noisy			X		
						Other		X			
<b>Pull</b>											
1-10 lbs				X							
11-20 lbs				X							
21-50 lbs				X							
51-75 lbs			X								
76-100 lbs			X								

**ADDITIONAL COMMENTS:** Normal work environment for carpenter work used in determining the above information.

<b>Employer Signature:</b>	<b>Employee Signature:</b>
Employer Title/Date:	Date: