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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, available for download