



MORGAN-KELLER CONSTRUCTION

GENERAL CONTRACTORS • DESIGN BUILD • CONSTRUCTION MANAGEMENT

APPLICATION FOR EMPLOYMENT

Morgan-Keller is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

How were you referred to Morgan-Keller? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?
 Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____



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MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____
 Rank/Type of Service: _____
 Special Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

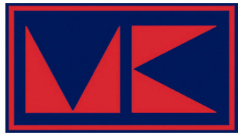
 Employer: _____ Telephone: _____
 Address: _____
 Position Title: _____ Supervisor: _____
 Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
 Duties: _____
 Reason for Leaving: _____

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WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



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PROFESSIONAL LICENSES AND MEMBERSHIPS

Name of Organization	Type of License Held	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Morgan-Keller (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

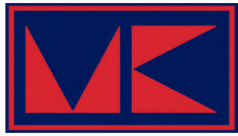
I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by Morgan-Keller, Inc., (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the American with Disabilities Act. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Morgan-Keller, Inc.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.



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EEOC Affirmative Action Form

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, sexual orientation, age, national origin, disability, veteran status or any other classification protected by federal, state, or local law. The information below will be used only in compilation for Affirmative Action reporting.

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Sex: ___ Male ___ Female

Race/ethnicity:

- ___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ Veteran: ___ Non-veteran