



Taking Applications

for:

Experienced Construction Laborer

Pre-Employment Drug Screening, BCI Background Check, and Competency Test

Job Requirements:

- Must pass **pre employment drug screening**
- Must pass **criminal background check**
- Must have **Valid Driver's Licenses**
- Must have **reliable transportation** to and from the jobsite
- Must be able to work **legally** in the United States of America
- 40 hour OSHA Training preferred but not required
- Must be able to travel out of town/state and stay overnight (at employer's expense)
- Must be able to work overtime (including but not limited to nights and weekends if required)
- **Must have prior experience in the construction industry**

Visit: <http://www.mvmincorporated.com/employment.htm>

For an application

Please include a list of references and a resume with your application.

Please return all information to:

MVM Inc.
11997 Runyan Drive
Cincinnati, Ohio 45241
Attn: Employment

Fax: 513-769-0024

info@mvmincorporated.com

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE OR NATIONAL ORIGIN.

NAME OF CARRIER	ADDRESS	DATE
PERSONAL DESCRIPTION		
Full Name	Social Security No.	
Last	First	Middle Initial
Address		
Street	City	State
Zip		
Phone No. ()	Name of Spouse	
In Case of Emergency Notify	At	Phone ()
Address		
Street	City	State
Zip		
Last 3	Street	City
Street	City	State
Zip		
Years	Street	City
Street	City	State
Zip		

PHYSICAL HISTORY

Date of Last Physical _____ Doctors Name _____

Phone No. () _____ Address _____

Street City State Zip

List any Physical Limitations (Diabetes, Heart Disease, Eye Sight, Limb Impairment, etc.) _____

EXPERIENCE AND QUALIFICATIONS

Valid Drivers License	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? _____

Has your License Permit or privilege been suspended or revoked? _____ If Yes explain _____

Have you been convicted of driving under the influence of alcohol or drugs? _____ Penalty _____

Have You Ever Been Convicted of a Crime? _____ Explain _____

DRIVING EXPERIENCE

Power Equipment	Type of Equipment	Number of Years	States you have driven in
Straight Truck			
Tractor Trailer	Power Unit: Trailer:		
Bus	School: Coach:		
Other			

ACCIDENT RECORD LAST THREE YEARS

Date	Nature of accident (overturn, jackknife, rear end, etc.)	No. of Fatalities	No. of Injuries	Commercial Vehicle	Personal Automobile

Traffic Convictions and Forfeitures Last 3 Years (other than Parking)

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

EMPLOYMENT HISTORY

Have you worked for this Company before _____ Where _____ When _____ from _____ to _____
 Position _____ Reason for leaving _____

EMPLOYMENT HISTORY FOR PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)

Last Employer: Name _____ Phone () _____
 Address _____
 From _____ To _____ Street _____ City _____ State _____ Zip _____
 Position _____ Salary _____
 Reason for leaving _____

2nd Last Employer: Name _____ Phone () _____
 Address _____
 From _____ To _____ Street _____ City _____ State _____ Zip _____
 Position _____ Salary _____
 Reason for leaving _____

3rd Last Employer: Name _____ Phone () _____
 Address _____
 From _____ To _____ Street _____ City _____ State _____ Zip _____
 Position _____ Salary _____
 Reason for leaving _____

4th Last Employer: Name _____ Phone () _____
 Address _____
 From _____ To _____ Street _____ City _____ State _____ Zip _____
 Position _____ Salary _____
 Reason for leaving _____

5th Last Employer: Name _____ Phone () _____
 Address _____
 From _____ To _____ Street _____ City _____ State _____ Zip _____
 Position _____ Salary _____
 Reason for leaving _____

OFFICE USE ONLY

To be used in conjunction with inquiry to past employers

1st Employer Contacted	_____	_____	Results: _____
	Date	Name of Person Contacted	
2nd Employer Contacted	_____	_____	Results: _____
	Date	Name of Person Contacted	
3rd Employer Contacted	_____	_____	Results: _____
	Date	Name of Person Contacted	
4th Employer Contacted	_____	_____	Results: _____
	Date	Name of Person Contacted	
5th Employer Contacted	_____	_____	Results: _____
	Date	Name of Person Contacted	

EDUCATION

Please indicate last grade completed: Elementary _____ High School _____ College _____

Last School Attended _____
Name City State

Other Training _____

Are you now employed _____ When will you be available _____

Do you have full knowledge of Federal Safety Requirements _____

Are you prevented from lawful employment in this country because of immigration status _____

Have you served in the U.S. Armed Forces _____ Branch _____ From _____ To _____

Rank at Discharge _____ Date Discharged or Released _____

_____ MUST BE READ AND SIGNED BY APPLICANT _____

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.
 I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.
 I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.
 This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicants Signature

Employment Eligibility Verification

NOTICE: Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

Section 1. Instructions to Employee/Preparer for completing this form

Instructions for the employee.

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number *or* Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

Instructions for the preparer of the form, if not the employee.

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

PLEASE COMPLETE THE BACK OF THIS FORM

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. U.S. Military card or draft record</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
<p>8. Native American tribal document</p>	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>9. Driver's license issued by a Canadian government authority</p>	<p>9. Driver's license issued by a Canadian government authority</p>	<p>9. Driver's license issued by a Canadian government authority</p>
<p>For persons under age 18 who are unable to present a document listed above:</p>	<p>10. School record or report card</p>	<p>10. School record or report card</p>
<p>11. Clinic, doctor, or hospital record</p>	<p>11. Clinic, doctor, or hospital record</p>	<p>11. Clinic, doctor, or hospital record</p>
<p>12. Day-care or nursery school record</p>	<p>12. Day-care or nursery school record</p>	<p>12. Day-care or nursery school record</p>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)