

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for			Date of application					
Name Last		First	Midd	Middle				
		1 1130	TING					
Address	Street	City	State	Zip Code				
Telephone # ()			Social Security #					
	t is required, can you furnish a worl							
If no, please explain								
	oyed here before?							
	or employment in this country?							
	red Full-Time Par							
	attendance requirements of the posi							
	of a crime in the last seven (7) year							
If ves, please explain								
which you are applying. Driver's license number i Employment History	sarily be a bar to employment. Each	n	Si	-				
-	on for your past four (3) employer, assignme	ents or volunteer activities, starting						
From To	Employer		Telephone ()					
Job Title	Address		()					
Immediate Supervisor and Title	Summarize the nature of work performed	and job responsibilities						
Reason for leaving	Hourly Rate/Salary							
-		Final <mark>\$Per</mark>						
From To	<mark>Employer</mark>		Telephone					
Job Title	Address		× /					
Immediate Supervisor and Title	Summarize the nature of work performed	l and job responsibilities						
Reason for leaving	Hourly Rate/Salary Start \$Per_	Final \$Per						
From To	Employer		Telephone ()					
Job Title	Address							
Immediate Supervisor and Title	Summarize the nature of work performed	l and job responsibilities						
Reason for leaving	Hourly Rate/Salary							

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are

apprying				-
				-
Educational Packground man				-
Educational Background IF JOB-F				
NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY	
High School				
College		Major Degree		
Other				
References				
Name		Telephone	Years known	
		()		
		()		

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATIONWILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVE FOR SEEKING GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS AT THE CONCLUSION OF THIS TIME. IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINTE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

M&M Erectors | 15400 Vantage Parkway West, Houston, TX 77032 | P (713)671-5333



Date:

I agree to undergo a pre-employment drug test at Concentra Medical Center. I also agree to have my criminal and driving history checked. I have tendered \$25.00 in cash prior to any testing.

I understand that my money will be refunded immediately only if I pass the drug test AND my criminal history is satisfactory. It is understood and agreed that taking the drug test does not obligate the company or me to employment.

If	vou	have ta	ken an	y pres	criptior	n medica	tion in	the	last 3	0 days.	please lis	st:
	2				1						1	

Have you ever been arrested for anything other than traffic tickets? Yes _____No_____

If yes, please give details:

APPLICANT'S NAME (please print)

APPLICANT'S SIGNATURE

COMPANY REPRESENTATIVE

M&M Erectors | 15400 Vantage Parkway West, Houston, TX 77032 | P (713)671-5333



I, _______fully understand that M & M ERECTORS, INC. has a policy of zero tolerance for the use of alcohol and/or illegal drugs in the work place. I further understand that being under the influence of or the use of either alcohol or illegal drugs while on company time, on company property, or in a company vehicle will result in immediate suspension.

I understand the above and agree to comply.

Signature

Date



Fecha:

Yo consiento tomar una prueba de droga antes de empleo en Concentra Medical Center. También acuerdo tener mi criminal e historia de conducir comprobada. He ofrecido \$25.00 en efectivo antes de la prueba.

Entiendo que mi dinero será devuelto inmediatamente solamente si paso la prueba de la droga Y mi historia criminal es satisfactoria. Se entiende y se conviene que tomar la prueba de la droga no obliga la empresa o mí al empleo.

Si usted ha tomado cualquier medicación recetada en los 30 días pasados, notar por favor note:

¿Ha sido arrestado por alguna cosa que no sea infracciones de tráfico? Sí____No____ Si sí, dé por favor los detalles: _____

NOMBRE DE APLICANTE (imprima su nombre)

FIRMA DE APLICANTE

REPRESANTE DE LA EMPRESA

M&M Erectors | 15400 Vantage Parkway West, Houston, TX 77032 | P (713)671-5333



TODO LOS EMPLEADOS NUEVOS DEBEN TENER EL SIGUIENTE EQUIPO AL DIARIO QUE TRABAJE:

- 1. CASCO
- 2. BOTAS CON PUNTA DE FIERRO
- 3. GUANTES
- 4. LENTES DE SEGURIDAD
- 5. CINTA DE 25 PIES

ALL NEW EMPLOYEES MUST HAVE THE FOLLOWING SUPPLIES EVERYDAY YOU ATTEND WORK:

- 1. HARD HAT
- 2. STEEL TOE BOOTS
- 3. GLOVES
- 4. SAFETY GLASSES
- 5. 25' MEASURING TAPE

NOTICE!

To all M&M Erectors, Inc. Employees:

Cell phones are not permitted on Job Sites. They are to be left inside your company vehicle or at home. No cell phone use is allowed during working hours. Please sign to acknowledge:

;AVISO!

A todos los empleados de M&M Erectors, Inc.:

Los teléfonos de celular no se permiten en sitios del trabajo. Deben quedarse dentro del vehículo de la empresa o en su casa. No se permite ningún uso del teléfono celular durante horas de trabajo. Por favor firma de reconocer:

Signature / Firma

Print Name / Imprimir Nombre

Date / Fecha

Exployment Screening

Services Request Form

Tel: 713.880.3693 * 888.636.3693

|--|

Company Name: M & M Erectors				Requested By:					
				<u> </u>					
Date:		Telephone I	Number:			Fax Number			
Authorization For Release of Information: Services Requested: In connection with my employment application for employment, or contract for services with this company, I fully understand that this release acknowledges that this company may now, or at any time while I am employed, request a consumer report containing information for verification of background and personal character. I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the abstract of driving records and/or said information without restriction or qualification. I authorize a Photostat of this release to be considered as effective and valid as the original. This release shall be limited in its scope or purpose for reasons of business necessity. All results will be proprietary and kept confidential and will not be provided to any parties other than this company or its repersentatives or as required by law. I hereby declare the answers to the questions on my application not any attachments to be true and correct; that any misstatement of fact or omission may be the basis for rejection or revocation of my application for employment decisions pertaining to my consumer report. To obtain a copy of my report or contest the content, I may call 1-888-636-3693. This company is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age, or disability. I authorize Kress Employment Screening to provide the results and preparation of my consumer report. I have read or have had read to me this release this company and I liability arising form the results and preparation, of my consumer report. I have read or have had read to me this release in full by my signature this date.									
As a resident of CA, MN, or OK - I am checking this box because I would like the receive a free copy of my investigative consumer report when complete.							Incomo Pango:		
<u>New York Applicants Only</u> Upon your request, you wi report was requested, and if such a report was requested yo the report.			you will be informed whether or not a consumer sted you may contact KRESS for a free copy of				Under \$75,000 Over \$75,000		
<mark>Signa</mark>	Signature: Date:		Date:	Witness:			•		
	First Name:		Middle Name	e: Last Name:			(Maiden Name:		
cant ⁄ears	Social Security Number:				G	Bender:	Date of Birth:		
y Appli en (7) کا	Driver's License Num	State:		<mark>State</mark> :		Position:			
leted B) ast Sev	Current Address:	urrent Address:			S	State:		How Long?	
ت ہے									
Com	Previous Address:			City:	s	State:		How Long?	
To Be Completed By Applican (Addresses Last Seven (7) Year	Previous Address: Previous Address:			City: City:		State: State:		How Long? How Long?	

Civil - County Civil - County

Criminal - Sex Offender Criminal - Sex Offender

SS Trace Social Security Trace Criminal - County Criminal - County

Criminal - Statewide Criminal - Statewide Criminal - Federal Criminal - Federal

Driving History Driving History

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information There are many types of consumer reporting agencies, in the files of consumer reporting agencies. including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For information. more including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security Number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See **www.consumerfinance.gov/learnmore** for more information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information on your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A Consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers of credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

To the extent not included in item 1 above:
 a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

d. Federal Credit Unions.

3. Air carriers.

4. Creditors Subject to Surface Transportation Board.

5. Creditors Subject to Packers and Stockyards Act.

6. Small Business Investment Companies.

7. Brokers and Dealers.

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.

9. Retailers, Finance Companies, and All Other Creditors not listed above.

CONTACT:

a. Bureau of Consumer Financial Protection
1700 G Street NW,
Washington, DC 20006.

b. Federal Trade Commission: Consumer Response Center -FCRA
Washington. DC 20580.
a. Office of the Comptroller of the Currency

Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

b. Federal Reserve Consumer Help CenterP.O. Box 1200,Minneapolis, MN 55480.

c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106.

d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314.

Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW, Washington, DC 20590.

Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW, Washington, DC 20423.

Nearest Packers and Stockyards Administration area supervisor.

Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416

Securities and Exchange Commission 100 F St NE, Washington, DC 20549.

Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090.

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580.