



Application for Field Employment

(Laborers, Equipment Operators, Mechanics, CDL Drivers...)

Equal Opportunity Employer

Legal Name (Last Name First): _____ Date: _____

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____

Legal Address: _____ Apt.# _____

City: _____ Zip Code: _____

Cell Phone Number: (____) _____ Email: _____

Are you 18 years of age or older?

Yes No

*Are you either a U.S. citizen or are authorized to work in the U.S.?

Yes No

***Mark-A-Lot, Inc. is an alcohol/drug-free workplace.** Are you willing to take a drug and/or alcohol screen as a condition of your employment? *This includes Marijuana, which remains illegal under federal law.* Yes No

Position:

How did you learn/hear of this position? _____

Position Desired: _____ When are you available to start? _____

Wage/rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time (<30hrs) Per-Diem (on call when needed year-round) Seasonal (40+ hrs. approx. April 1st through Dec.31st)

What **Hours** are you available to work? _____

What **Weekdays (M-F)** are you available to work? _____

Can you work any? Weekends*
Holidays*
Nights
Overtime

Have you ever previously worked for Mark-A-Lot, Inc. before? Yes No if yes, dates of employment you previously worked for Mark-A-Lot, Inc. From: _____ To: _____

Reason for leaving: _____

Education:

High School:	Graduated? Yes No	Course of Study:
Technical School:	Graduated? Yes No	Course of Study:
College/University:	Graduated? Yes No	Course of Study:
Post-Graduate Education:	Graduated? Yes No	Course of Study:
Other education, training, certifications or special skills:		

Qualifications/Skills:

Are you ***medically & physically*** fit to perform such manual laboring duties such as: pushing/lifting 50+lbs, bending, standing/walking for extended periods, working in extreme weather conditions, etc. without any health limitations?

Yes No If no, please explain your limitation(s):

Do you have any ***roadway or parking-lot line painting/thermo-paint experience?*** Yes No If yes, where?

Do you have any experience ***plowing snow?*** Yes No Do you own your own truck w/a plow? Yes No

Do you have any ***sealcoating and/or crack-fill experience?*** Yes No If yes, where? _____

Do you have any experience ***driving a Vacuum Truck and/or (Pelican or Broom-Bear) Sweepers?*** Yes No
If yes, please explain:

*Do you have a ***valid*** Medical DOT Card? Yes No (*if yes, please provide company with a photocopy*)

*Do you currently have a ***valid*** Driver's License? Yes No (*if yes, please provide company with a photocopy*)

Do you have any current or previous moving/driving violations Mark-A-Lot should be aware of? Yes No If yes, please explain:

Do you authorize Mark-A-Lot, Inc. and/or it's designated third party, to review your RMV driving records? Yes No

*Driver's License # _____ State Issued _____ Exp. Date: _____

Do you have a reliable form of transportation to drive *yourself* to work? Yes No *if no, please explain how you would get to work below;*

Do you have a CDL license? Yes No If yes, what type of license class? A B or C

Do you have a Hydraulics License? Yes No *(required to operate excavators, loaders, backhoes, forklift, scissor lift, etc.)*

*Do you have any OSHA Certification? Yes No If yes, OSHA 10 or 30? _____ *(if yes, please provide company with a photocopy)*

*Have you completed the COVID -19 vaccination series? Yes No *(if yes, please show your original vaccination card to HR and they can make a copy for your file.)*

Work Experience:

Please list all previous employment, <i>beginning with the most recent.</i> If you need more room, you may attach another sheet or use the back of this paper.			
Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? Yes No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? Yes No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References:

Identify *Three (3)* persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application (pages 1-5) is true to the best of my knowledge/belief and I have not knowingly withheld or falsified any information requested. I understand that withholding or misrepresenting any information requested in this application is grounds for rejection of my application, and that providing any false or misleading information in this application is grounds for discharge if were to become employed under such false pretenses.

I hereby authorize Mark-A-Lot, Inc., or any third party/representative on their behalf to verify my references, record of my employment, my educational record, my RMV driving and or Clearinghouse records and I also authorize MAL or any representatives on their behalf to process or perform any necessary pre-employment requirements such as but not limited to the following; physical endurance testing, drug & alcohol screening, CORI criminal records and any other necessary background checks or information that I have either already provided here in this application or in addition to. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and/or my professional experiences with them without giving me prior notice of such disclosure. In addition, I release Mark-A-Lot, Inc., any of my former employers and any other persons or entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

X _____
Applicant's Signature

Date

**Indicates a mandatory requirement. All new candidates must be willing to obtain/do such requirements prior to/throughout your employment and is your responsibility to be kept valid and in good standing throughout your career if employed at Mark-A-Lot, Inc.*