

Applicant:

Thank you for your interest in employment with one of the McCarthy-Bush Corporation companies. Our home office is located at 5401 Victoria Avenue, Davenport, IA. Our companies include:

- AMSCO, Incorporated
- Blackheart Slag, LLC
- Bush Construction Company, Inc.
- Clinton Engineering Co., Inc.
- Foley Construction Company
- Howard Steel, LCC
- Linwood Mining & Minerals Corp.
- McCarthy-Bush Corporation
- McCarthy Improvement Company
- Oertel Sheet Metal, Inc.
- Premier Partners, LLC
- Stangeland Enterprises
- Superior Minerals Company

We want to make certain that we give you full consideration for any job that you apply for and for any job that we have that may be a good fit for you and us. In order to do this we need you to pay close attention to the instructions in the application packet and follow the guidelines below. **Whether or not you follow the directions in this packet and take the time to provide all of the information requested is a good indication of the type of employee you will be.**

- Follow the instructions for each section of the application packet carefully and completely.
- Make sure to put the Affirmative Action Questionnaire, and only the Affirmative Action Questionnaire, in the white envelope included with this packet. Seal the envelope and turn it in with your application.
- Complete each section of the application. Leave nothing blank. If you have no information for a question, write "NO" or "N/A" (not applicable) in the section.
- You may include your resume but do not refer to your resume in the application instead of answering a question or completing a section.
- Print all information so it can be read.
- If you do not have room for your answer, continue your answer on the blank page 6 of the application. Feel free to add anything on this page that you think we should know.

If you start your job today, turn in your completed application with the rest of your paperwork. If you are applying for an available position or inquiring about a position, return your completed application to the place where you picked it up or you can mail it to McCarthy-Bush Corporation, ATTN: Human Resources, 5401 Victoria Avenue, Davenport, IA, 52807. If mailing or dropping off your application please allow at least two weeks before you call about the status of your application. We will make every effort to get back to you within two weeks. If you have not heard back from us after two weeks, you may call the Human Resource Department at (563) 359-0500.

In compliance with all Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. Unless we tell you otherwise in writing, your application will be valid for only 30 days. After that time you would need to complete a new application for any job openings.

Good luck with your application!

Sincerely,

McCarthy-Bush Corporation

Employment History

You will not be considered for employment if you do not follow these instructions.

1. List all employers for the **last 10 years** in order, starting with your most recent or present job. 2. Answer all questions for each employer or explain why you are not answering. 3. Use page 7 of this application if more space is needed.

Employer name: _____ Position Held _____

Employer address: _____
Street City State Zip

Contact person: _____
Name Title Phone Number

Dates of employment including month and year: From: _____ To: _____

How were you paid: HOURLY SALARY MILEAGE At what rate(s): _____

Reason for leaving: FIRED RESIGNED LAID OFF Explain: _____

Employer name: _____ Position Held _____

Employer address: _____
Street City State Zip

Contact person: _____
Name Title Phone Number

Dates of employment including month and year: From: _____ To: _____

How were you paid: HOURLY SALARY MILEAGE At what rate(s): _____

Reason for leaving: FIRED RESIGNED LAID OFF Explain: _____

Employer name: _____ Position Held _____

Employer address: _____
Street City State Zip

Contact person: _____
Name Title Phone Number

Dates of employment including month and year: From: _____ To: _____

How were you paid: HOURLY SALARY MILEAGE At what rate(s): _____

Reason for leaving: FIRED RESIGNED LAID OFF Explain: _____

Employer name: _____ Position Held _____

Employer address: _____
Street City State Zip

Contact person: _____
Name Title Phone Number

Dates of employment including month and year: From: _____ To: _____

How were you paid: HOURLY SALARY MILEAGE At what rate(s): _____

Reason for leaving: FIRED RESIGNED LAID OFF Explain: _____

Employer name: _____ Position Held _____

Employer address: _____
Street City State Zip

Contact person: _____
Name Title Phone Number

Dates of employment including month and year: From: _____ To: _____

How were you paid: HOURLY SALARY MILEAGE At what rate(s): _____

Reason for leaving: FIRED RESIGNED LAID OFF Explain: _____

Prior Employment Related Drug/Alcohol Testing

During the last **three years**, have you received a positive result for the presence of alcohol or a prohibited drug, or a result that was considered a positive of alcohol or a prohibited drug, in any employer sponsored drug or alcohol testing program? Yes No If yes, provide the date of the result, and the name, address and phone number of the employer.

DATE	EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE #
------	----------	------------------	------------------

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 GED College 1 2 3 4 +

If a college degree was obtained, please list institution and degree earned: _____

Trade/Vocational Schools: Yes No

School	Address	Years Attended	Certificate Completed

School	Address	Years Attended	Certificate Completed

Motor Vehicle Accident Record

List all motor vehicle accidents in any type of motor vehicle that you were operating while on work time or personal time for the **past 3 years**. List them in order, starting with the most recent. (Use page 7 of this application if more space is needed.)

None

Date of accident: _____ Location of accident: _____
City County State

Description of Accidents: _____

Fatalities: # _____ Injuries: # _____ Property Damage: Amount \$ _____

Date of accident: _____ Location of accident: _____
City County State

Description of Accidents: _____

Fatalities: # _____ Injuries: # _____ Property Damage: Amount \$ _____

Criminal Convictions

List **all** misdemeanor and felony convictions and pleas of guilty (including all driving convictions but excluding minor parking violations), for the **past 3 years** starting with the most recent. This request includes minor, moving violations such as seat belt, speeding, violating a traffic control device, etc. as well as non-driving related criminal convictions and pleas of guilty. Use page 7 of this application if more space is needed.

I have not had any driving or criminal convictions or pleas of guilty in the last three years

Location of conviction: _____ Date: _____
City County State

Crime charged: _____ Penalty: _____

Did you successfully complete all requirements of your sentence? Yes No

If no, please explain: _____

Location of conviction: _____ Date: _____
City County State

Crime charged: _____ Penalty: _____

Did you successfully complete all requirements of your sentence? Yes No

If no, please explain: _____

Applicant's Driver's License Information

USE PAGE 7 OF THE APPLICATION IF YOU NEED ADDITIONAL SPACE

My driver's license is: Valid Invalid Suspended Expired I do not have a license

State	Years held	License #	Type (Class A, B, C, etc.)	Expiration Date
-------	------------	-----------	----------------------------	-----------------

List all states in which you have had a license for **any** driving privileges in the **last 10 years**: _____

Have your license, permit or driving privileges ever been **suspended or revoked**? Yes No

Have you ever been **denied** a license, permit or privilege to operate a motor vehicle? Yes No

If you answered "yes" to any of the above questions, please explain in detail: _____

List all other types of motor vehicle and/or equipment experience

Type of Vehicle/Special Equipment	How Much Experience	Dates of Experience
<i>Example- Forklift</i>	<i>3 years</i>	<i>2000- present</i>

**Read and Sign
TURN OVER AND COMPLETE BACK**

I certify that I have read and understood this application completed by me and that all of the information contained therein is true and correct to the best of my belief and knowledge. I understand that this application for employment and this and other company documents are not contracts of my employment.

I authorize McCarthy-Bush Corporation, any affiliated companies and any of their employees or agents (hereinafter referred to as MCB) to make such inquiries of my previous employers, my references, my personal history, my work record, my driving record, my drug testing records and any other matters related to my suitability for employment as may be necessary, and in compliance with any terms of a collective bargaining agreement covering my employment, for MCB to review and evaluate my fitness and qualifications in any employment decision regarding me. A photocopy of this authorization shall serve in place of an original. Except as may be limited by any collective bargaining agreement covering this employment, I release MCB, any affiliated companies, and any of their employees or agents from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if I am employed, and unless I am covered by a collective bargaining agreement that provides differently, my employment is for no definite period of time and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized representative of the company.

I understand that MCB and all affiliated companies maintain a drug free workplace routinely subject employees to drug and/or alcohol testing. As such, in the event of an offer of employment with MCB I understand that I will be required to submit to a drug test and test negative on all parts of the drug test before beginning employment unless I am covered by a collective bargaining agreement that provides differently. A positive result on any part of a post-offer drug test will result in the offer of employment being withdrawn and I will not be employed by MCB.

I understand that, unless I am covered by a collective bargaining agreement that provides differently, I may be required to submit to a post-offer, pre-employment physical to determine my ability to perform the physical requirements of a job. Failure to pass this physical would result in the offer of employment being withdrawn and I will not be employed by MCB.

In the event of employment with MCB, I understand any false, omitted, inaccurate or misleading information given in this application or any other documents relating to my application for employment, or interview, may be grounds for denial of employment, withdrawal of an offer of employment or discharge from employment.

NOTE TO APPLICANT: Please note that unless you are advised in writing of a specific period of time during which this application will remain current, this application is considered current only for 30 (thirty) days. If you want to be considered for employment after this time, you must complete another application for employment. In compliance with all Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

TURN OVER AND COMPLETE BACK

Date: _____

Applicant's signature

Applicant's Printed Name: _____

NOTICE AND AUTHORIZATION
READ, COMPLETE AND SIGN AT THE BOTTOM

In connection with my application for employment, I understand that a consumer report may be requested and may include information as to my character, work habits, credit, academic-credentials verification, job performance, experience and reasons of termination. Further I understand that you may be requesting information concerning my motor vehicle operations history, criminal and civil history and/or results from my participation in any employment related drug or alcohol testing program, from various private and public sources along with other public records available. I also understand that if I am covered by a collective bargaining agreement that would prohibit such requests for information, no such information requests will be made.

In the event that any information from any report that is not prohibited by a collective bargaining agreement is utilized in whole or in part in making an adverse decision with regard to my potential employment, before making the adverse decision, I will be provided with a copy of the consumer report and a description in writing of my rights under the law. I am advised that I have the right to request, in writing, within a reasonable time, that a complete and accurate disclosure be made of the nature and scope of the information requested. Such a disclosure will be made to me within 5 days of the date on which the request from me is received or within 5 days of the time the report was first requested. The Fair Credit Reporting Act gives me specific rights in dealing with consumer reporting agencies.

I understand that in order to obtain any of these types of reports it is necessary that my name, address, date of birth and social security number be used to positively identify me. I authorize the use, and disclosure, of this information and any other information provided by me in this application for employment that I filled out and submitted in order for McCarthy-Bush Corporation and any of its affiliated companies, and their contractors, agents, and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, company or person to obtain and/or provide the above mentioned information.

I hereby authorize and release from all liability, without reservation, its contractors, agents, and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, company or person getting or furnishing the above mentioned information. To the extent allowed by any applicable collective bargaining agreement I similarly release McCarthy-Bush Corporation and its affiliated companies.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be as valid as the original.

Print Name _____ Social Security # _____

Current home address (city, state, zip code): _____

Driver license number: _____ State: _____

Applicant Signature: _____ Today's Date: _____

**THIS PAGE INTENTIONALLY LEFT BLANK. USE THIS FOR
ADDITIONAL INFORMATION IF NEEDED.**

