

PREVIOUS EMPLOYMENT

| | | | |
|--|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

DISCLAIMER AND SIGNATURE

I _____ certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature**Date****AT WILL EMPLOYER**

I _____ understand that Murphy Brothers Construction, LLC reserves the right to act as an "At-Will Employer." At-Will employment is a doctrine of American law that defines an employment relationship in which either party can break the relationship with no liability, provided there was no express contract for a definite term governing the employment relationship and that the employer does not belong to a collective bargaining group (i.e., has not recognized a union). Under this legal doctrine: any hiring is presumed to be "at will"; that is, the employer is free to discharge individuals "for good cause, bad cause, or NO CAUSE at all," and the employee is equally free to quit.

Employee Initial:**Date:****Witness:****Date:****DISCIPLINARY POINTS SYSTEM**

I _____ have received Murphy Brothers Construction, LLC Disciplinary Point System packet as well as understand and agree with its content. I also understand that D.S. Murphy Construction, LLC grants its supervisors the authority to determine the level of discipline applied should offenses be extreme and/or not listed on points form.

Employee Initial:**Date:****Witness:****Date:****SAFETY AND LOSS CONTROL PROGRAM**

I _____ have received Murphy Brothers Construction, LLC SAFETY AND LOSS CONTROL PROGRAM packet as well as understand and agree with its content. I also agree to comply with safety regulation and understand non-compliance can result in termination of employment with Murphy Brothers Construction, LLC.

Employee Initial:**Date:****Witness:****Date:**

| RANDOM DRUG SCREENING | | | |
|---|---------------|-----------------------------------|-----------------|
| I understand that Murphy Brothers Construction, LLC reserves the right to perform random 10 panel drug screenings. I also understand that a positive drug screen can result in termination. I also understand it is my responsibility as an employee to inform my supervisor if I am prescribed any controlled substance prescriptions and provide documentation from a physician. In the event I neglect to inform my supervisor of my prescription and become tested, it will act as a positive (non-prescribed) drug screen. | | | |
| Employee Initial: | Date: | Witness: | Date: |
| MOTOR VEHICLE RECORD | | | |
| I understand that Murphy Brothers Construction, LLC and/or McDaniel - Whitley, Inc. reserves the right to review my motor vehicle record to determine eligibility to operate vehicles and/or equipment on the company's behalf. In accordance with the fair credit reporting act, I have been informed that a Motor Vehicle Report will be periodically obtained on me for continued Employment purposes. I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record Report. This authorization is valid as long as I am employed by Murphy Brothers Construction, LLC and may only be rescinded in writing. | | | |
| Driver's License Number including state: | | NA Do not have a Driver's License | |
| Vehicle Insurance Provider: | Policy Number | Contact Number: | |
| Please include copy of insurance card and driver's license/or identification Card if applicable with application. | | | |
| Employee Initial: | Date: | Witness: | Date: |
| REQUIEMENTS FOR EMPLOYMENT | | | |
| Must have transportation to and from jobsite. | | | |
| Must have the following items | | | |
| Murphy Brothers Construction LLC will provide a safety packet including a Safety Vest, Safety Colored Shirts, Hard Hat Safety Glasses & Leather Gloves . | | | |
| Must have a bank account or prepaid card for Direct Deposit | | | |
| Employee Initial: | Date: | Witness: | Date: |
| DIRECT DEPOSIT ACH | | | |
| Bank Name: | | Routing: | Account Number: |
| Account Type: | | Email Address for check stub: | |
| Signature: | | Date: | |
| As of March 19, 2015 Murphy Brothers Construction requires all employees to receive weekly pay checks through Direct Deposit. | | | |
| CHRISTMAS CLUB | | | |
| Murphy Brothers Construction, LLC offers a Christmas Club savings account through First Community Bank of Jonesboro. To participate in this opportunity the following information is needed as well as a copy of employee's Driver's License. The money will be in an individual account at First Community Bank of Jonesboro, AR. The purpose of this account is much like a savings account; however, checks will be distributed for the full amount saved in late October. Should you need to withdraw funds prior to October a \$5.00 charge is assessed. employees are not required to participate in the Christmas Club. If you would like to participate complete provide the weekly amount you would like held out of your check. | | | |
| Weekly Amount: | | Signature: | Date: |
| TO BE COMPLETED BY SUPERVISOR | | | |
| Amount of pay: | | Supervisor assigned to: | |
| Shirt Size: | | | |
| Administrative Signature: | | Date: | |

