

GENERAL INFORMATION





EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY. COMPLETE BY PRINTING IN INK OR TYPING. YOU MUST PROVIDE ALL REQUESTED INFORMATION.

AN EQUAL OPPORTUNITY EMPLOYER

MasTec is an equal opportunity employer and does not and will not discriminate against any applicant or employee on the basis of race, color, religion, national origin, sex, age, citizenship, marital status, disabled veteran or Vietnam-era veteran, or any other legally protected status. MasTec also prohibits harassment of applicants or employees based on any of these protected categories.

Note to Applicants: Smoking is prohibited in all indoor areas of MasTec unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

Note to Rhode Island Applicants: MasTec is subject to Chapters 29-38 of Title 28 of the general Laws of Rhode Island and is, therefore, covered by the state's workers' compensation law.

LAST	FIRST	MIDDLE	DATE APP	LIED	RESU YES	ME ATTAO NO	CHED?
STREET ADDRES	S		CITY			STATE	ZIP CODE
TELEPHONE NUM HOME: CELLULAR:	1BERS	DATE AVAILABLE	DRIVER'S CDL: Yes o TYPE/CLA		RMATIO TE: NUM		
REFERRED BY		TYPE OF WORK DESIRED					RE YOU WILLING TO ELOCATE? ES NO
WERE YOU PREV IF YES, WHICH CO REASON FOR LEA	OMPANY	EMPLOYED BY ANY MASTI :		IY? YES HERE:	NO WHI	EN:	
HAVE YOU PREVIOUSLY APPLIED TO ANY MASTEC COMPANY?YESNOIF YES, WHICH COMPANY:WHERE:WHEN:							
FOR INTERNAL F	PURPOSE	S ONLY					
SOCIAL SECURITY	VERIFIC	TATION DRUG TEST VERI	FICATION	LOCATIO	N	HC	OURLY RATE/SALARY

EDUCATIONAL HISTORY

SCHOOL NAME	LOCATION (CITY, STATE)	MAJOR COURSE OR SUBJECT	GRADUATED YES NO	DEGREE
HIGH SCHOOL				
TECHNICAL/TRADE (AFTER HIGH SCHOOL)				
COLLEGE (LIST ALL ATTENDED)				
OTHER EDUCATION/TRAINING				

TO BE COMPLETED FOR OFFICE POSITION: TO BE COMPLETED BY APPLICANT FOR CONS WORK: WORK:			
TYPE OF SOFTWARE/OFFICE EQUIPMENT USED:	TYPE OF EQUIPMENT OPERATED:	YEARS EXPERIENCE:	
PLEASE LIST OTHER SKILLS AND EXPERIENCE TH			

MISCELLANEOUS

IF HIRED, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO (ALL EMPLOYEES MUST SUBMIT APPROPRIATE DOCUMENTATION VERIFYING WORK AUTHORIZATION STATUS)

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H-1B STATUS)? YES NO

YOU MAY BE REQUIRED TO WORK 40 OR MORE HOURS PER WEEK, INCLUDING SATURDAYS, SUNDAYS AND HOLIDAYS. CAN YOU MEET THE ATTENDENCE REQUIREMENTS OF THE JOB? (MASTEC CONSIDERS REQUESTS FOR REASONABLE ACCOMMODATION FOR WORKING HOURS BASED ON RELIGION OR DISABILITY. THUS, YOU MAY ALSO ANSWER "YES" TO THIS QUESTION IF THE ONLY REASON YOU WOULD NOT BE ABLE TO MEET THE REQUIREMENTS IS DUE TO YOUR RELIGION OR DISABILITY.) YES NO

U.S. MILITARY RECORD NOTE: ANSWERING THIS SECTION IS ENTIRELY VOLUNTARY. MASTEC SEEKS THE INFORMATION BECAUSE MASTEC HAS A PREFERENCE FOR HIRING INDIVIDUALS WITH RECORDS OF MILITARY SERVICE.						
BRANCH OF SERVICE	FROM	ТО	DISCHARGE STATUS			
PRESENT MILITARY AFFILIATION:	NONE	RESERVE (ACTIVE)	RESERVE (INACTIVE)			

KINDS OF TRAINING AND DUTY WHILE IN SERVICE:

EMPLOYMENT HISTORY

STARTING WITH THE PRESENT OR MOST RECENT EMPLOYER, LIST ALL PREVIOUS EMPLOYERS AND ACCOUNT FOR ANY GAPS IN EMPLOYMENT. INCLUDE SELF-EMPLOYMENT, SUMMER AND PART-TIME JOBS. YOU MAY ALSO INCLUDE VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS. IT IS MASTEC'S POLICY TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS RESPECTING CONSIDERATION OF UNEMPLOYMENT STATUS IN MAKING HIRING DECISIONS. IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET. ALL INFORMATION MUST BE COMPLETED. AN ATTACHED RESUME IS INSUFFICIENT.

NOTE: A FAILURE TO LIST A PLACE OF EMPLOYMENT WILL BE CONSIDERED A MATERIAL OMISSION AND MAY RESULT IN A DECISION NOT TO HIRE YOU OR TO TERMINATE YOUR EMPLOYMENT IF IT IS DISCOVERED AFTER YOU ARE ALREADY EMPLOYED.

LAST OR PRESENT EMPLOYER: TYPE OF BUSINESS		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	
STREET ADDRESS PHONE NUMBER		PHONE NUMBER	BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAM	IE AND T	ITLE	REASON FOR LEAVING	
DATES WORKED			-	
FROM:	TC):		
PRIOR EMPLOYME	NT:	TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	
STREET ADDRESS		PHONE NUMBER	BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAM	IE AND T	ITLE	REASON FOR LEAVING	
DATES WORKED				
FROM:	TO:			
PRIOR EMPLOYME	NT:	TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	
STREET ADDRESS		PHONE NUMBER	BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE	-	
SUPERVISOR'S NAM	(E AND T	ITLE	REASON FOR LEAVING	
Ser Excisence States				
DATES WORKED				
FROM:	TO:			
MAY WE CONTACT	YOUR PR	ESENT EMPLOYER? YES	NO IF NO, WHY NOT?	
		ISSED OR FORCED TO RESIGN NAME, WHEN IT OCCURRED, A		
IF IES, STATE EMPL	DIEK SI	NAIVIE, WITEIN II OCCUKKED, A	IND THE CIRCUMSTAINCES.	

PROFESSIONAL/WORK REFERENCES

NAME	TITLE/RELATIONSHIP	ADDRESS (STREET, CITY, STATE, ZIP CODE)	PHONE NUMBER (INCLUDE AREA CODE)

DO YOU HAVE ANY RELATIVE EMPLOYED BY ANY MASTEC COMPANY? YES NO

IF YES, WHICH COMPANY?	NAME OF RELATIVE(S)	RELATIONSHIP(S)

EMPLOYEE CERTIFICATION – PLEASE READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT REGARDLESS OF WHEN THE FALSE ANSWER OR OMMISSIONS ARE DISCOVERED.

I UNDERSTAND AND AGREE TO SUBMIT TO A LEGALLY PERMISSIBLE DRUG SCREENING IF I RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT. I ALSO UNDERSTAND THAT AN OFFER OF EMPLOYMENT BY THE COMPANY IS CONDITIONAL UPON SUCCESSFULLY PASSING SUCH DRUG SCREEN. I UNDERSTAND THAT MY REFUSAL TO SUBMIT TO A DRUG TEST WILL CAUSE THE CONTINGENT OFFER OF EMPLOYMENT TO BE WITHDRAWN, RESULTING IN TERMINATION. IF EMPLOYED, I FURTHER AGREE TO SUBMIT TO DRUG TESTS REQUIRED UNDER THE COMPANY'S DRUG-FREE WORKPLACE POLICY. THE COMPANY WILL ADMINISTER ITS DRUG TESTING POLICY IN COMPLIANCE WITH STATE AND FEDERAL LAW. I UNDERSTAND AND AGREE THAT IF I RECEIVE A POSITIVE DRUG TEST RESULT, I WILL NOT BE CONSIDERED FOR EMPLOYMENT, OR IF ALREADY EMPLOYED, I WILL BE DISMISSED.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL OF THE POLICIES, RULES AND STANDARDS OF THE COMPANY. I UNDERSTAND AND EXPRESSLY AGREE THAT IF EMPLOYED BY MASTEC, STORAGE AREAS PROVIDED FOR ME (LOCKER, DESK ETC.) ARE OPEN TO INVESTIGATION BY MASTEC WITHOUT NOTICE TO ME.

I UNDERSTAND AND AGREE THAT THIS APPLICATION DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT OR AN EMPLOYMENT AGREEMENT. IF HIRED, MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE. WITH OR WITHOUT NOTICE AT ANY TIME, AND EITHER AT MY OPTION OR THE OPTION OF THE COMPANY.

MY SIGNATURE BELOW CERTIFIES THAT I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS STATED IN THIS APPLICATION. WHICH CONTAINS ALL THE UNDERSTANDINGS BETWEEN MASTEC AND ME CONCERNING THE TOPICS ADDRESSED HEREIN AND SUPERSEDES ANY PRIOR INCONSISTENT UNDERSTANDINGS BETWEEN MASTEC AND ME ON SUCH ISSUES.

SIGNATURE IN INK______ DATE_____

Massachusetts' Applicants: I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. APPLICANT INITIALS _____

Maryland Applicants: I understand that under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that any individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

APPLICANT INITIALS