

# MUNICIPAL PIPE TOOL CO., LLC

515 FIFTH STREET – PO BOX 398 – HUDSON, IA 50643 [www.munipipe.com](http://www.munipipe.com)  
Phone: 319-988-4205 Toll Free: 1-800-798-4205 Fax: 319-988-3506

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DATE: \_\_\_\_\_

Thank you for your interest in our company.

Municipal Pipe Tool Co., LLC. is a sewer maintenance and rehabilitations contractor. The form of sewer work that we do is called "Trenchless Technology". We do not lay sewer pipe. We work on existing sewer pipelines for cities and companies throughout the Upper Midwest.

Major Requirements of employment:

1. All employees must be able to travel during the work week. Our work schedule is normally Monday-Friday. Weekend work is rare and only under special circumstances. The work day is typically 6:30 am - 5:00 pm, although this can vary with specific project requirement. Some crews may work shift work around the clock if necessary.
  - A. If the job you are working on is located less than 1 hour from Hudson, the crew will return home each night. If the job is further than an hour drive from Hudson, the company pays the motel expense for the crew. The company also covers all fuel, parts, supplies and rental expenses while on the road. The only costs the employee is responsible for is their own food and personal purchases.
2. All employees must have a good driving record. This typically means fewer than 3 moving violations within the past three years. All crews use company vehicles to travel to job locations. Our insurance company will not approve any drivers with unacceptable driving records.
3. All employees must pass a post job offer drug screening. Once an employee has been hired and gone through orientation, they will immediately be sent to Sartori Occupational Health for a drug screening.

If you are interested in the possibility of working for Municipal Pipe Tool Co., LLC., please fill out the attached application. If we have any questions regarding your application, we will contact you.

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**Sewer Maintenance and Rehabilitation Contractors**  
**Jet/Vacuum Cleaning, Television Inspections, I/I Studies, Grouting, Manhole Rehab**  
**Trenchless Technology Pipeline Repairs**

**MUNICIPAL PIPE TOOL CO., LLC.  
APPLICATION FORM**

We would like to track the effectiveness of our advertising for our job openings and we would appreciate it if you would let us know how you found out about our company. Please check the appropriate response below:

\_\_\_ Newspaper

Which Newspaper: \_\_\_\_\_

\_\_\_ Online Advertisement

Which Web Site: \_\_\_\_\_

\_\_\_ Iowa Work Force Development Center

\_\_\_ Referral from current or former Municipal Pipe Tool Co., LLC employee

Name of current or former employee: \_\_\_\_\_

\_\_\_ Other

Please Specify: \_\_\_\_\_

\_\_\_\_\_

## MUNICIPAL PIPE TOOL CO., LLC.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of any fact in my application may be justified for refusal of, or if employed, termination from employment.
2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my personals or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to my employment or in the future during my employment with the company.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is an indefinite period of time and that the company can change wages, benefits, and conditions at any time.

I have read and understand the above.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Driver's license and driving record information must be completely filled out.

**EXPERIENCE AND DRIVER QUALIFICATIONS**

DRIVER LICENCES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		TO	FROM	
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailers				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)**

DATES	NATURE OF ACCIDENT (head on, rear end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than parking)**

LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO  
 Has any license, permit, or privilege ever been suspended or revoked?  YES  NO  
 Have you failed or refused pre-employment tests taken within the past two years for DOT-covered, safety-sensitive positions?  YES  NO

If YES to any of the above, please explain: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**APPLICATION FOR EMPLOYMENT  
MUNICIPAL PIPE TOOL CO., LLC.  
515 5<sup>TH</sup> STREET – PO BOX 398 – HUDSON, IA 50643  
319-988-4205**

**APPLICANT INFORMATION**

NAME	SOCIAL SECURITY NUMBER
ADDRESS/CITY/STATE	
PHONE	DATE OF BIRTH (OPTIONAL)
HOURS AVAILABLE	
PREVIOUS ADDRESS (LAST 3 YEARS)	

**EDUCATION**

NAME/LOCATION HIGH SCHOOL	HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED	LIST SUBJECTS STUDIED & DEGREES ( MAJOR/MINOR)
NAME/LOCATION COLLEGE	COLLEGE COMPLETED 1 2 3 4 5 6	
ANY ADDITIONAL TRAINING		

**EMPLOYMENT HISTORY**

COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES

**EMPLOYMENT HISTORY CONTINUED**

COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
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COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES

May we contact your present employer?    \_\_\_ YES    \_\_\_ NO

Former employers?    \_\_\_ YES    \_\_\_ NO

**STATE OF IOWA  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A**

**ACCOUNT NUMBER** \_\_\_\_\_

<b>TO: Iowa Division of Criminal Investigation</b> Bureau of Identification, 1 <sup>st</sup> Floor 215 E 7 <sup>th</sup> Street Des Moines, IA 50319 (515) 725-6066 (515) 725-6080 (fax)	<b>FROM: Municipal Pipe Tool Co, LLC.</b> 515 5 <sup>th</sup> Street Hudson, IA 50643  Phone # (319) 988-4205 Fax # (319) 988-3506
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I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

<b><u>REQUEST</u></b>		
<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
_____ / / <b>Date of Birth</b> (mandatory)	_____ <b>Sex</b> (mandatory)	_____ <b>Social Security Number</b> (recommended)
_____ <b>Signature of Requester</b>		

**There is a separate Form "A" required for each last name submitted**

(DCI Use Only)

<b><u>RESULTS</u></b>	
As of _____, a Name and date of birth check revealed:	
CCH record attached <input type="checkbox"/>	No CCH record found <input type="checkbox"/>
DCI initials _____	

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ <b>Signature</b>	_____ <b>Date</b>
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## WAIVER:

Iowa law does *not* require a waiver. However, without a waiver any arrest over 18 months old, without a disposition, cannot be given to a non-law enforcement agency. Attached waivers are **not** accepted.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

## General Information:

The information requested is based on name and exact date of birth only. Without fingerprints, a positive identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a deferred judgment *is not* considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence *is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

**REMINDER** - (1) Send in a separate form for each surname, (2) \$13 for each surname, \$15 fax (**accounts only**) or \$5 volunteer, (3) Attach a billing form with request(s) and (4) submit a self-addressed envelope. Iowa law requires employers to pay the fee for potential employees' record checks.

MUNICIPAL PIPE TOOL COMPANY, LLC/NUTRI JECT SYSTEMS, INC.  
515 5<sup>TH</sup> STREET  
HUDSON, IA 50643

INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD: 319.23

I hereby authorize the company above to obtain my MVR from the state which I have a driver's license listed below.

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Driver's Name

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Driver's Operator License

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Driver's Soc. Security Number.

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Driver's Signature

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding 3 years of every State in which the applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

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Signature and title of person making inquiry



Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		Driver's License		Social Security Card
Issuing authority: _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
	Brian Latusick	HR/Safety Director
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Municipal Pipe Tool Co LLC, 515 5th Street, Hudson, IA 50643		

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title	Document #	Expiration Date (if any)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR		
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		6. Military dependent's ID card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		7. U.S. Coast Guard Merchant Mariner Card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security	
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)