

APPLICATION FOR EMPLOYMENT

MERRILL GRAVEL & CONSTRUCTION COMPANY

2505 E. STURDEVANT ST

MERRILL, WI 54452

PHONE (715) 536-6223 FAX(715) 536-6224

PERSONAL INFORMATION

DATE _____

NAME

LAST _____

FIRST _____

MIDDLE _____

PRESENT ADDRESS

STREET _____

CITY _____

STATE _____

PHONE NUMBER _____

18 OR OLDER? YES OR NO (CIRCLE ONE)

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES OR NO (CIRCLE ONE)

EMPLOYMENT DESIRED

POSITION OPERATOR OR LABORER (CIRCLE ONE) IN THE UNION YES OR NO (CIRCLE ONE)

DATE YOU CAN START ____/____/____ ARE YOU EMPLOYED NOW? YES OR NO (CIRCLE ONE)

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY? _____

MACHINERY & EQUIPMENT THAT YOU HAVE HAD EXPERIENCE OPERATING _____

EDUCATION	NAME & LOCATION	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE				

U.S. MILITARY OR NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

FORMER EMPLOYERS

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

MONTH & YEAR	NAME & PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES OR NO (CIRCLE ONE)

REFERENCES

LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	HOW DO YOU KNOW THEM	YEARS ACQUAINTED
1				
2				
3				

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN, ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____

REMARKS _____

HIRED: YES OR NO (CIRCLE ONE)

START DATE: ____/____/____

APPROVED BY: _____

DATE: ____/____/____