

APPLICATION FOR EMPLOYMENT

MYERS CONSTRUCTION, INC.

79849 HWY 2, BROKEN BOW, NE 68822
PH. (308) 872-5469 FAX (308) 872-2218

<i>FOR OFFICE USE ONLY.</i>		REVIEW STATUS:
CONTACTED:	INTERVIEW DATE:	
HIRE DATE:	STARTING WAGE:	

TODAY'S DATE: _____ SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

NAME _____
(FIRST) (MIDDLE) (LAST) (MAIDEN)

ADDRESS _____
(STREET) (CITY) (STATE, ZIP CODE) HOW LONG AT THIS ADDRESS?

PREVIOUS ADDRESS _____
(STREET) (CITY) (STATE, ZIP CODE) HOW LONG AT THIS ADDRESS?

PHONE NUMBER _____ ARE YOU AT LEAST 18 YEARS OF AGE?
ALT. PHONE NUMBER _____ YES/NO
DATE OF BIRTH: ____ / ____ / ____

IN CASE OF EMERGENCY, NOTIFY:

ARE YOU RELATED TO ANYONE WORKING AT MYERS CONSTRUCTION? YES/NO IF SO, WHOM?

REFERRED BY: WALK-IN NEWSPAPER FRIEND RADIO/TV OTHER
PLEASE SPECIFY SOURCE:

EMPLOYMENT DESIRED	FULL TIME	PART TIME	TEMPORARY/ SEASONAL	ARE YOU LEGALLY QUALIFIED TO WORK IN THE U.S.? YES/NO
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POSITION APPLYING FOR: _____ DATE AVAILABLE TO START: _____ SALARY DESIRED: _____

DO YOU CURRENTLY HOLD A COMMERCIAL DRIVER'S LICENSE? YES/NO

ARE YOU EMPLOYED NOW? YES/NO MAY WE CONTACT YOUR MOST RECENT EMPLOYER? YES/NO

PLEASE PROVIDE THEIR CONTACT INFORMATION
SUPERVISOR'S NAME: _____ PHONE #: _____

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES/NO IF YES, WHEN?

ARE YOU PROFICIENT IN THE USE OF THE ENGLISH LANGUAGE? YES/NO

IF HIRED TODAY, WOULD YOU BE ABLE TO PASS A DRUG/ALCOHOL SCREEN? YES/NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
BUS./TRADE SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK?

ARE YOU FLUENT IN ANY FOREIGN LANGUAGE? IF SO, PLEASE SPECIFY:

ARE YOU A VETERAN OF, OR CURRENT ACTIVE DUTY IN THE US MILITARY OR NAVAL SERVICE? YES/NO

RANK:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES/NO

EMPLOYMENT HISTORY: (CURRENT EMPLOYER AND PAST 5 YEARS)

DATE YEAR	MONTH AND	NAME AND ADDRESS OF EMPLOYER/PHONE #	ENDING SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

MAY WE CONTACT THE ABOVE EMPLOYERS? YES/NO

PERSONAL REFERENCES:

NAME/PHONE NUMBER	ADDRESS	BUSINESS	ACQUAINTED

BUSINESS REFERENCES:

NAME/PHONE NUMBER	ADDRESS	BUSINESS	YEARS ACQUAINTED

FOR CONSTRUCTION LABOR AND TRUCK DRIVER APPLICANTS: DUE TO THE NATURE OF WORK PERFORMED BY MYERS CONSTRUCTION, INC., PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PHYSICAL ABILITY TO PERFORM THE NECESSARY FUNCTIONS ON THE JOB: (By HONESTLY ANSWERING THESE QUESTIONS YOU WILL NOT BE DISQUALIFIED FROM CONSIDERATION, HOWEVER IF HIRED YOU MAY BE PLACED IN AN AREA OF WORK THAT BEST UTILIZES YOUR ABILITIES UNTIL FURTHER REVIEW OF YOUR PERFORMANCE.)

DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT MAY INHIBIT YOUR ABILITY TO PERFORM WORK NECESSARY IN THE CONSTRUCTION TRADE? **Yes/No**

WERE YOU EVER INJURED? **Yes/No**

IF YES, GIVE DETAILS:

DO YOU HAVE IMPAIRMENTS IN:

HEARING?

VISION?

SPEECH?

DRIVING RECORD

STATE

LICENSE #

TYPE

EXPIRATION DATE

DRIVER'S LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. # OF MILES/HOURS
STRAIGHT TRUCK				
TRACTOR/TRAILER				
TRACTOR/TANDEM TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES?	INJURIES?

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **Yes/No**

IF YES, EXPLAIN

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? **Yes/No**

IF YES, EXPLAIN

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR REFUSAL TO HIRE OR, IF HIRED, DISMISSAL.

I HEREBY AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS LISTED IN MY APPLICATION TO GIVE ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, AND RELEASE ALL SUCH PARTIES FROM ALL LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.

I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION. IN CONSIDERATION FOR MY EMPLOYMENT AND MY BEING CONSIDERED FOR EMPLOYMENT BY YOUR COMPANY, I AGREE TO ADHERE TO THE RULES AND REGULATIONS OF THE COMPANY AND HEREBY ACKNOWLEDGE THAT THESE RULES AND REGULATIONS MAY BE CHANGED BY YOUR COMPANY AT ANY TIME, AT THE COMPANY'S SOLE OPTION AND WITHOUT ANY PRIOR NOTICE.

IN ADDITION, I ACKNOWLEDGE THAT MY EMPLOYMENT MAY BE TERMINATED, AND ANY OFFER OF EMPLOYMENT, IF SUCH IS MADE, MAY BE WITHDRAWN, WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE OR MAKE SOME OTHER PERSONNEL MOVE, EITHER PRIOR TO COMMENCEMENT OF EMPLOYMENT OR AFTER I HAVE BECOME EMPLOYED, OR TO ASSURE ANY BENEFITS OR TERMS AND CONDITIONS OF EMPLOYMENT, OR TO MAKE ANY AGREEMENT, THAT IS CONTRARY TO THE FOREGOING.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN ADVISED THAT THIS APPLICATION WILL REMAIN ACTIVE FOR NO MORE THAN 90 DAYS FROM THE DATE IT WAS SIGNED AND I MAY HAVE TO SUBMIT AND UPDATED APPLICATION AFTER THAT TIME.

I HEREBY AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS LISTED IN MY APPLICATION TO GIVE ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, AND RELEASE ALL SUCH PARTIES FROM ALL LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.

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DATE

SIGNATURE
