



JOB APPLICATION FORM

Company Use Only

APP. REVIEWER MUST
ALWAYS COMPLETE ----->

Interview By:	_____
Start Date :	_____
Pay Rate :	_____
Position:	_____
Leadman:	_____

DATE: _____

All requested information on both sides of this application must be completed. If information is not readily available or unknown, N/A should be entered in the blank. Failure to complete this application, in full, may be cause for rejection. This application may only be submitted in its original form. No facsimiles will be accepted. The application shall not be defaced, added to, or modified in any way. All information should be printed in ink. This application must be submitted by the applicant only. It will not be accepted if submitted by third parties.

****APPLICATIONS WILL BE KEPT ON FILE FOR SIXTY (60) DAYS**

PERSONAL INFORMATION

NAME: _____

LOCAL ADDRESS: _____ City,State,Zip _____

PERMANENT ADDRESS: _____ City,State,Zip _____

LOCAL PHONE: () _____ OTHER PHONE: () _____

PERMANENT/EMERGENCY PHONE NUMBER (INCL AREA CODE): () _____

SOCIAL SECURITY # _____ REFERRED BY: _____

DO YOU HAVE A DRIVERS LICENSE? YES or NO DRIVERS LICENSE # _____

HAVE YOU EVER WORKED AT ALFRED MILLER BEFORE? YES or NO WHEN? _____

DO YOU HAVE ANY FAMILY OR FRIENDS WORKING NOW OR WHO HAVE WORKED AT ALFRED MILLER CONTRACTING? YES or NO
IF YES, WHO? _____

HAVE YOU EVER BEEN BONDED? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES or NO

IF YES, EXPLAIN: _____

EDUCATION

	Name of School	Address	From	To	Diploma/Degree
High School					
Trade School					
Other					

If you didn't graduate, please list reason: _____

CRAFT OR WELDING CERTIFICATION (IF APPLICABLE)

Type of Certification/Procedure	Company/Location	Date of Certification

DO YOU HAVE A CDL LICENSE? _____ EXP DATE: _____

PLEASE WRITE HERE ANY SPECIAL SKILLS OR EXPERIENCE: _____

JOB PLACEMENT INFORMATION

POSITION APPLYING FOR: _____

PAY EXPECTED: \$/HR _____

ARE YOU WILLING TO WORK OVERTIME? _____

DATE AVAILBLE FOR WORK: _____

ARE YOU WILLING TO WORK IN THE INDUSTRIAL PLANTS? YES or NO

DO YOU HAVE A SW SAFETY COUNCIL TRAINING CARD? YES or NO EXP. DATE: _____

NOTE: ALL APPLICANTS MUST PASS A DRUG TEST BEFORE EMPLOYMENT

EMPLOYMENT

Current or Most Recent Employment

COMPANY NAME: _____
COMPANY ADDRESS: _____
COMPANY PHONE: () _____ SUPERVISOR: _____
STARTING POSITION: _____ DATE: _____ WAGE: _____
ENDING POSITION: _____ DATE: _____ WAGE: _____
REASON FOR LEAVING: _____

Next Most Recent Employment

COMPANY NAME: _____
COMPANY ADDRESS: _____
COMPANY PHONE: () _____ SUPERVISOR: _____
STARTING POSITION: _____ DATE: _____ WAGE: _____
ENDING POSITION: _____ DATE: _____ WAGE: _____
REASON FOR LEAVING: _____

Next Most Recent Employment

COMPANY NAME: _____
COMPANY ADDRESS: _____
COMPANY PHONE: () _____ SUPERVISOR: _____
STARTING POSITION: _____ DATE: _____ WAGE: _____
ENDING POSITION: _____ DATE: _____ WAGE: _____
REASON FOR LEAVING: _____

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY PRIOR WORK EXPERIENCE:

SIGNED: _____

***** PLEASE NOTE EMPLOYERS THAT YOU DO NOT WISH TO BE CONTACTED**

OTHER INFORMATION

ARE YOU ABLE TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING WITHOUT ACCOMMODATION? YES or NO

IF, WITH AN ACCOMODATION, HOW WOULD YOU PERFORM THE TASKS REQUIRED AND WITH WHAT ACCOMMODATION?

LIST TWO PERSONAL REFERENCES THAT IS NOT A RELATIVE

NAME: _____ OCCUPATION: _____
PHONE: () _____ RELATIONSHIP TO APPLICANT: _____
NAME: _____ OCCUPATION: _____
PHONE: () _____ RELATIONSHIP TO APPLICANT: _____

ALL APPLICANTS MUST READ, UNDERSTAND, AND SIGN THE FOLLOWING BEFORE SUBMITTING. UNSIGNED APPLICATIONS WILL BE VOID.

I certify that the information submitted above is complete, true, and correct to the best of my knowledge. I understand that Alfred Miller Contracting (AMC) may require me to undergo a physical examination and/or a drug/alcohol/substance abuse test(s) and that my employment, in these cases, is subject to successfully passing the test(s) and, thereby, will freely submit to the test(s). I further understand that any future offer of employment, actual employment, actual employment wages, benefits, or other conditions of employment which may follow does not constitute a contract between the parties and that such offer, employment, wages, benefits, or other conditions may be terminated or amended at any time.

I, by placing my signature below, certify that I have read and understand the above statements and freely agree to the provisions and conditions so stated.

Applicant Signature: _____ **Date:** _____