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Employment Application

Personal

Last Name: First: Middle: Date:

Street Address: Home Telephone:

City, State, Zip: Business Telephone:

Have you ever applied for employment with us?
 Yes No If yes: Month and Year Location Social Security #:

Position Desired: Pay Expected:

Apart from absence for religious observance, are you available for full-time work?
 Yes No If not, what hours can you work? Will you work overtime if asked?
 Yes No

Are you legally eligible for employment in the United States? When will you be available to begin work?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?
 Yes No If "Yes" describe in full. Have you ever been bonded?
 Yes No If "Yes" with what employers?

Other special training or skills (languages, machine operation, etc.)

Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Business/Trade/Technical				<input type="radio"/> Yes <input type="radio"/> No	
High School				<input type="radio"/> Yes <input type="radio"/> No	
Elementary				<input type="radio"/> Yes <input type="radio"/> No	

Previous Employment (list up to 4)

1.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Weekly Pay From: To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

State Job Title and Describe Your Work

May we contact your employer: Yes No

2.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Weekly Pay From: To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

State Job Title and Describe Your Work

May we contact your employer: Yes No

3.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Weekly Pay From: To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

State Job Title and Describe Your Work

May we contact your employer: Yes No

4.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Weekly Pay

From:

To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

State Job Title and Describe Your Work

May we contact your employer: Yes No

Military

Did you server in the U.S Armed Forces? If "Yes" in what branch?

Yes No

Describe the training received that is relevant to the position for which you are applying.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin.)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true. Correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me previous employers, educated institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature