

# Meinecke-Johnson Company

## General Contractors

### Employment Application

This Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or natural origin. Public Law 90.202 prohibits discrimination because of age.

“This company is an Equal Employment Opportunity Employer. We will not tolerate discrimination because of race, color, religion, sex, or national origin. The company also does not discriminate because of age or because of physical impairment in compliance with applicable federal, state laws and Executive Orders. All qualified applicants are welcome to submit applications for employment.

**Pre-Employment Drug Testing will be required.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle
Social Security Number

Address: \_\_\_\_\_  
Street
Home Telephone #

\_\_\_\_\_  
 City, State, Zip

In Case of an Emergency Notify: \_\_\_\_\_  
Home Telephone #
Work Telephone #

State Military Status (If Applicable): \_\_\_\_\_

**Education:** Show complete record commencing with high school, including major courses.

School	Name & Location of School	Date Started	Date Left	Did you Graduate? Year?	Courses & Degrees
College					
Business/Trade/ Technical					
High School					
Elementary					

Type of Work Desired: \_\_\_\_\_

**Drivers Licenses**

State	License No.	Class	Expiration Date

As of today, is your license valid? \_\_\_\_\_

**Driving Experience**

Class of Equipment	Type of Equipment Van, Tank Flat, etc.	Dates From	Dates To	Approx. No. of Miles Total
Two Ton Truck - 5 spd w/Clutch				
Bobcat (Certified)				
Forklift (Certified)				
Other				

**Accident Record for Past 3 Years (Attach sheet if more space is needed.)**

	Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

**Traffic Convictions and Forfeitures for Past 3 Years (other than parking violations)**

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 \_\_\_\_\_

If the answer to either of the above two questions is Yes, please explain below:

**Work History:** Start with your present or most recent job. List self-employment, summer, and part-time jobs.

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Company Name	Address	Telephone No.
Job Title		From: To: Employment Dates: (Month & Year)
Name & Title of Supervisor		
Reason for Desiring Change or Leaving	Starting Salary	Final Salary
Description of Duties		
May we contact?		

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Company Name	Address	Telephone No.
Job Title		From: To: Employment Dates: (Month & Year)
Name & Title of Supervisor		
Reason for Desiring Change or Leaving	Starting Salary	Final Salary
Description of Duties		
May we contact?		

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Company Name	Address	Telephone No.
Job Title		From: To: Employment Dates: (Month & Year)
Name & Title of Supervisor		
Reason for Desiring Change or Leaving	Starting Salary	Final Salary
Description of Duties		
May we contact?		

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Company Name	Address	Telephone No.
Job Title		From: To: Employment Dates: (Month & Year)
Name & Title of Supervisor		
Reason for Desiring Change or Leaving	Starting Salary	Final Salary
Description of Duties		
May we contact?		

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**Foreign Languages** - Indicate whether slight-fair-fluent

Languages	Speak	Read	Write
English			

**Skills in Equipment, Field or Office:** Check the following machines which you can operate.

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Air Nailer            | <input type="checkbox"/> Motorized Power Buggy | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Backhoe               | <input type="checkbox"/> Pneumatic Drill       | If Certified, what date:         |
| <input type="checkbox"/> Bulldozer             | <input type="checkbox"/> Power Trowel          | _____                            |
| <input type="checkbox"/> Chain Hoist           | <input type="checkbox"/> Shovel                |                                  |
| <input type="checkbox"/> Concrete Mixer        | <input type="checkbox"/> Skill Saw             |                                  |
| <input type="checkbox"/> Crane                 | <input type="checkbox"/> Table Saw             |                                  |
| <input type="checkbox"/> Front End Loader      | <input type="checkbox"/> Tamper                |                                  |
| <input type="checkbox"/> Hammer Drill          | <input type="checkbox"/> Tractor               |                                  |
| <input type="checkbox"/> Manual/Hydraulic Jack | <input type="checkbox"/> Trencher              |                                  |
| <input type="checkbox"/> Jack Hammer           | <input type="checkbox"/> Other _____           |                                  |

**Personal References:**

List three people other than relatives or former employers whom you have known for five years or more.

Name	Address	Phone No.	Occupation

“We assure you that your opportunity for employment with this company will be solely on your merit and on no other consideration.”

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Medical History Checklist

Name \_\_\_\_\_

Medical History: (If you answer Yes to any of the following questions, please describe the situation at the bottom of this page.)

Any physical defects \_\_\_\_\_

Were you ever injured \_\_\_\_\_

Have you drawn Workmen's Compensation \_\_\_\_\_

Have you drawn Military Disability \_\_\_\_\_

Do you have any disability \_\_\_\_\_

Have you consulted a physician in the last five years \_\_\_\_\_

	Yes	No		Yes	No
Arthritis	_____	_____	Hernia	_____	_____
Asthma	_____	_____	High Blood Pressure	_____	_____
Back Injury	_____	_____	Hospitalized in last five years	_____	_____
Cancer	_____	_____	Tuberculosis	_____	_____
Color Blindness	_____	_____	Ulcers	_____	_____
Convulsions	_____	_____	Varicose Veins	_____	_____
Dermatitis	_____	_____	Polio	_____	_____
Nervous Disorders	_____	_____	Parkinson Disease	_____	_____
Multiple Sclerosis	_____	_____	Eye-Vision Disorders	_____	_____
Ear/Hearing Disorder	_____	_____	Other _____	_____	_____
Cerebral Palsy	_____	_____			

I authorize investigation of all statements contained in this application. I understand that my employment is conditional for a probationary period of 45 days. I understand that misrepresentation or omission of facts called for in this application is cause for dismissal. I therefore, if hired, agree to comply with all rules and regulations as stated by this company's policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Meinecke-Johnson Company is a government contract/subcontractor. As such, we are required by federal laws to keep records by certain categories. To enable us to meet these requirements and to better evaluate our progress toward our Affirmative Action objectives, we request your **voluntary cooperation** in completing this form. Information gathered on this form will be used for statistical purposes only. It will not be used in making employment decisions.

All qualified applicants are considered for employment and all employees are treated during employment without regard to race, color, religion, sex, national origin, disabled veteran, Vietnam-era-veteran or handicap status.

The Rehabilitation Act of 1973 and Vietnam Era Veterans' Readjustment Assistant Act of 1974 prohibits discrimination in employment of qualified physical and mental handicapped individuals and disabled veterans. Please advise us of any physical and/or mental limitations which might interfere with or to be aggravated by your work.

Please check the category/categories that apply to you.

\_\_\_\_\_ **Male**

\_\_\_\_\_ **Female**

\_\_\_\_\_ **White** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **Black:** All persons having origins in any of the Black African racial groups not of hispanic origin.

\_\_\_\_\_ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin regardless of race.

\_\_\_\_\_ **Asian and Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island.

\_\_\_\_\_ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North American and maintaining identifiable tribal affiliations through membership and participation or community identification.

\_\_\_\_\_ **Disabled Veteran:** A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

\_\_\_\_\_ **Vietnam era Veteran:** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge.

\_\_\_\_\_ **Handicapped Individual:** A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

\_\_\_\_\_ **Newly Separated Veteran:** Any Veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

\_\_\_\_\_ **Other Eligible Veteran:** A person with active duty service between December 7, 1941, and April 28, 1952, or person who served in a campaign or an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. (Ask the person at front desk for list.)

## Drug & Alcohol Policy

Throughout the years, Meinecke-Johnson Company has provided a safe working environment for all employees. To further provide a safe working environment, we are implementing a drug and alcohol policy. With this policy we hope to maintain safety on the jobsite along with the office facilities. This policy will contain mandatory testing for illegal drugs along with alcohol.

We will test in many situations. They are as follows:

1. Pre-Employment Testing: Anyone applying for a job will be tested.
2. Post Accident or Near Miss. We will test all participants in any accident or near miss.
3. Suspicion: If the Superintendent feels there is reasonable suspicion of use of these drugs by employees.
4. Random test will occur monthly.
5. Return-to-Duty: If you wish to return after a drug suspension, you must take a test.

The testing is done by the company's designated medical provider (MeritCare Occupational Health) and is free to employees. All testing is confidential. The only people who see the results is the person doing the test, the President of Meinecke-Johnson Co., and the Safety Director.

If you feel the testing is wrong in any way, you may have a re-test at a different hospital but the same specimen will be used.

If you test positive to any drug including alcohol, you will be subject to suspension or outright termination. Refusal of taking the test also carries the same penalties. This test also will detect legal prescription drugs so make sure the person performing the test or your employer is aware of this before the test.

All employee's who test positive will be provided with information on rehabilitation or assistance programs which they can follow-up on.

Effective: January 1, 1998

I have read this and understand it.

\_\_\_\_\_   
Applicant

\_\_\_\_\_   
Date