

MEINECKE-JOHNSON COMPANY

General Contractor

EMPLOYMENT APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national 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. This company also does not discriminate because of age or physical impairment in compliance with applicable federal and state laws and Executive Orders. All qualified applicants are welcome to submit applications for employment.

PRE-EMPLOYMENT DRUG TESTING WILL BE REQUIRED

Date: _____ Type of Work Desired: _____

SSN: _____

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		
City	State	Zip
Home Number	Cell Number	Email

EDUCATION	Name and Location of School	Years Attended	Did you graduate?	Major & Degree
High School				
College				
Other-Business, Trade, Tech, Etc.				

EMPLOYMENT HISTORY

List most recent employment first.

Employer Name & Address:	Job Title & Duties:	Start Date:	End Date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:	May we contact?		
Employer Name & Address:	Job Title & Duties:	Start Date:	End Date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:	May we contact?		
Employer Name & Address:	Job Title & Duties:	Start Date:	End Date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:	May we contact?		
Employer Name & Address:	Job Title & Duties:	Start Date:	End Date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:	May we contact?		
Employer Name & Address:	Job Title & Duties:	Start Date:	End Date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:	May we contact?		

Drivers License(s)				
State	License Number	Class(es)	Expiration Date	Valid as of today?

Driving Experience				
Class of Equipment	Type of Equipment Van, Tank Flat, etc.	Dates From	Dates To	Approximate No. of Miles Total
Two Ton Truck – 5 speed with clutch				
Bobcat Certified Yes or No				
Forklift Certified Yes or No				
Other				

	Date	Nature of Accident Head-on, Rear-End, etc.	Fatalities	Injuries
Last Accident				
Previous				
Previous				

Have you ever been denied a permit, license, or privilege to operate a motor vehicle? Yes _____ No _____

Have you ever had a permit, license, or privilege suspended or revoked? Yes _____ No _____

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

Check the following machines which you can operate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Nailer | <input type="checkbox"/> Motorized Power Buggy | <input type="checkbox"/> Welding - If certified, what date:
_____ |
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Pneumatic Drill | |
| <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 _____ | |

References – Give the names of three persons not related to you, whom you have known at least five years.

Name	Address	Telephone Number	Occupation

Languages – indicate whether slight – fair – fluent

Language	Speak	Read	Write
English			
Other: _____			
Other: _____			

In case of an emergency notify: _____

Address: _____ Phone: _____

Applicant's Signature

Meinecke-Johnson Company is a government contractor/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 Plan's 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 of 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.

_____ **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 the front desk for list.)