

# APPLICATION FOR EMPLOYMENT

**MERRILL GRAVEL & CONSTRUCTION COMPANY**

**S & N, INC**

2505 E. STURDEVANT ST; MERRILL, WI 54452

PHONE: 715-536-6223 FAX: 715-536-6224 EMAIL: office@merrillgravel.com

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER:**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. Applicants who, because of disability, require accommodations in the application process, are encouraged to make such needs known at the time of applying.

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Can you provide proof of age? Yes \_\_\_\_\_ No \_\_\_\_\_

**List your addresses of residency for the past 3 years:**

Current Address \_\_\_\_\_  
Street City

\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE CONTACT THEM? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY? \_\_\_\_\_

EDUCATION	NAME & LOCATION	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_  
 ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ITS MEMBERS.)

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_  
 RANK \_\_\_\_\_  
 PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Yes \_\_\_\_\_ No \_\_\_\_\_

**FORMER EMPLOYERS**

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?  
WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.  
I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

\_\_\_\_\_ Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AV	POOR	RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

"AN EQUAL OPPORTUNITY EMPLOYER"

**Pre-employment information:**

This form and information will be kept in a confidential file separate from the application for employment and will not be used for consideration when reviewing your application for employment.

This form will be used to help us monitor the success of our Affirmative Action Program and comply with federal and state equal employment opportunity regulations and requirements. The following information is required on all applications.

Name \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Race/Ethnic Group:     White                   Hispanic                   Black  
                                   Asian                   American/Alaskan Indian  
                                   Other, please indicate: \_\_\_\_\_

Sex:                      Male                   Female

Our company has adopted programs and policies to assist in the employment and retention of qualified Vietnam Era and disabled Veterans, and handicapped or disabled individuals. Under federal regulations, the following questions are optional.

Vietnam Veteran:        No \_\_\_\_\_                  Other Veteran: No \_\_\_\_\_  
                                  Yes \_\_\_\_\_                        Yes \_\_\_\_\_

Disabled Veteran:        No \_\_\_\_\_  
                                  Yes \_\_\_\_\_

Handicapped/Disabled:    No \_\_\_\_\_  
                                  Yes \_\_\_\_\_

\_\_\_\_\_ **I decline to provide this information**

S & N, Incorporated is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, religion, age, handicap or disability, veteran or disabled veteran status, national origin, sex or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_