



EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE ALL PAGES

NAME				
	Last	First	Middle	Maiden
PRESENT ADDRESS				
	Number	Street	City	State Zip
PHONE				
	POSITION APPLIED FOR (BE SPECIFIC) AND DESIRED PAY RATE			
First Position			\$	
Second Position			\$	
AVAILABLE START DATE			ARE YOU CURRENTLY EMPLOYED	YES NO

EDUCATION			
TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	# OF YEARS COMPLETED	MAJOR / DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS OR TRADE SCHOOL			
PROFESSIONAL SCHOOL			
OTHER EDUCATION			
List any special skills			

WORK HISTORY

Please list your work experience for the past seven years beginning with your most recent job held. Attach additional sheets if necessary.

Name of Employer _____

Address _____

City, State, Zip Code _____

Phone Number _____

Name of Supervisor _____

Employment Dates

From _____

To _____

Last Job Title _____

Reason for Leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

WORK HISTORY

Name of Employer _____

Address _____

City, State, Zip Code _____

Phone Number _____

Name of Supervisor _____

Employment Dates

From _____

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Last Job Title _____

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

WORK HISTORY

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Address _____
City, State, Zip Code _____
Phone Number _____

Name of Supervisor _____

Employment Dates From _____ To _____

Last Job Title _____

Reason for Leaving
(be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

WORK HISTORY

Name of Employer _____
Address _____
City, State, Zip Code _____
Phone Number _____

Name of Supervisor _____

Employment Dates From _____ To _____

Last Job Title _____

Reason for Leaving
(be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

What is your main means of transportation to work?

Do you have a drivers license?

YES _____

NO _____

Drivers
License
Number _____

State of
Issue _____

Operator _____

Commercial (CDL) _____

Chauffeur _____

Expiration Date _____

Have you had any accidents during the past three years?

YES _____

NO _____

How many? _____

Have you had any moving violations during the past three years?

YES _____

NO _____

How many? _____

Please list two references other than relatives or previous employers.

Name	
Position	
Company	
Address	
Phone Number	

Name	
Position	
Company	
Address	
Phone Number	

May we contact your present employer?

YES _____

NO _____

Did you complete this application yourself?

YES _____

NO _____

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Miller Contractors, Inc. (hereinafter called "the company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Miller Contractors, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Miller Contractors, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request a criminal background investigation.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.