

**EMPLOYMENT APPLICATION**  
**MIDWEST PAVEMENT CONTRACTING, INC.**

**We consider applicants for all positions without regard to religion, race, color, national origin, age, sex, height, weight, disability, marital or veteran status, or any other legally protected status.**

(Please Print in Ink)

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

List any relatives who are Employees of Midwest Pavement Contracting, Inc.

Name \_\_\_\_\_  
(Last) (First Name) (Middle)

Address \_\_\_\_\_  
(Street) (City)

(State) (Zip Code) Social Security # \_\_\_\_\_

Telephone \_\_\_\_\_  
(Home) (Other) (e-mail address)

Have you ever filed an application with us before?  
If yes, give approximate date. \_\_\_\_\_  Yes  No

Have you ever been employed with us before?  
If yes, give dates. \_\_\_\_\_  Yes  No

Have you ever been bonded?  
If yes, indicate reason. \_\_\_\_\_  Yes  No

May we contact your present employer?  Yes  No

Are you 18 years of age or older?  Yes  No

Can you provide proof of eligibility for employment in the United States?  
(Proof of citizenship or immigration status will be required upon employment)  Yes  No

Do you have a valid driver's license?  Yes  No

License Number \_\_\_\_\_ State \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  
 Full Time  Part Time  Temporary  No. of Hrs.

Have you ever been convicted of anything other than a minor traffic violation,  
or are any felony charges outstanding?  Yes  No

If so, give dates, places, charges and disposition of all convictions.  
\_\_\_\_\_  
\_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

Are you a high school graduate?

\_\_\_\_\_Yes      \_\_\_\_\_No

Educational Inst. attended beyond high school	Location (State)	Course or Major Studies	Dates of Attendance	# of Credits Completed	Grade Average	Degree or Certificate Type Year

Describe any specialized training, apprenticeships, skills, languages, extra-curricular activities, honors.

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List any professional or trade licenses or certifications.

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## Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Spreadsheets (EXCEL)	Heavy/Light Equipment and Motor Vehicles and other Equipment Operated
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	(Please list) _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WORD/WordPerfect	_____
<input type="checkbox"/> Typing Speed	<input type="checkbox"/> Shorthand Speed	_____

Do you have a valid CDL (Commercial Driver's License)?     Yes     No

## List Professional, Trade, Business or Civic Activities and Office(s) Held

*You may exclude memberships which would reveal sex, race, religion, national origin, age, weight, marital status, disability or other protected status.*

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### ADDITIONAL INFORMATION

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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## MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in the National Guard?     Yes     No

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Type of discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves?     Yes     No    If yes, date obligation ends \_\_\_\_\_

Describe any job-related training received in the United States military.

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## EMPLOYMENT HISTORY

**NOTE:** The employment history section must be completed even if a resume is attached. *List most recent employment first; include all positions with each employer.*

Employer Name:		Title of Position: <span style="float: right;">___ Part-time ___ Full-time</span>	
Type of Business:	Address:	Duties:	
Supervisor's Name:	City: <span style="float: right;">State:</span>		
Dates Employed: From: <span style="float: right;">To:</span>	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

Employer Name:		Title of Position: <span style="float: right;">___ Part-time ___ Full-time</span>	
Type of Business:	Address:	Duties:	
Supervisor's Name:	City: <span style="float: right;">State:</span>		
Dates Employed: From: <span style="float: right;">To:</span>	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

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Type of Business:	Address:	Duties:	
Supervisor's Name:	City: <span style="float: right;">State:</span>		
Dates Employed: From: <span style="float: right;">To:</span>	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

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Type of Business:	Address:	Duties:	
Supervisor's Name:	City: <span style="float: right;">State:</span>		
Dates Employed: From: <span style="float: right;">To:</span>	Telephone Number:		
Final Salary/Hourly Rate:	Reason for Leaving:		

Have you ever been dismissed from or asked to resign from any employment position? \_\_\_ Yes    \_\_\_ No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please list three persons who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives. If you are known to your references by another name please note.

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> _____
_____	<b>Yrs. Acquainted:</b> _____
<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> _____
_____	<b>Yrs. Acquainted:</b> _____
<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> _____
_____	<b>Yrs. Acquainted:</b> _____

## APPLICANT STATEMENT

- 1) I certify that answers given herein are true and complete to the best of my knowledge. I understand my failure to complete this application accurately and in its entirety will be cause for Midwest Pavement Contracting, Inc. to disqualify my application.
- 2) I authorize Midwest Pavement Contracting, Inc. to perform all checks of my credentials as allowed by law including but not limited to criminal background investigations, driver's license record, drug and alcohol tests, and discussions with: supervisors, co-workers, friends, business associates, or other individuals that Midwest in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against Midwest, its agents, its employees, or any individual contacted by Midwest, arising out of Midwest's investigation. **I acknowledge that Midwest has made no representations of any kind as to whether employment will be offered at the conclusion to its investigation.**
- 3) This application for employment shall be considered active until the position is filled but in no event will exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. A resume may be attached but is not considered a substitute for the completion of this application or any portion herein.
- 4) I hereby understand and acknowledge that, unless specifically and clearly defined by applicable law, contract, collective bargaining agreement, or Midwest policy, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- 5) In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.
- 6) I agree and understand that any employment offer is **conditional** upon the results of a post-offer medical examination which may include drug and alcohol tests.
- 7) **I understand, acknowledge and hereby consent to each of the above statements and conditions.**


**DATE**

**SIGNATURE OF APPLICANT**

Printed: 2/01

\_\_\_\_\_

\_\_\_\_\_

Click on the key before pressing submit 

Submit Form

Clear Form