

# EMPLOYMENT APPLICATION

(Rev. 1/15)

## NOTICE TO APPLICANTS

You are not required to give information on this form where such information is expressly prohibited by Federal, State or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

Do **NOT** provide or write any additional information on this application other than the information requested. Failure to adhere to this requirement will result in the disqualification of this application from consideration for any employment opportunities.

Our employment practices are in full accord with State and Federal laws which prohibit discrimination because of race, color, religion, age, sex, national origin, membership and activities on behalf of a labor organization, disabilities, or ethnicity.

This application may not be reproduced and must be completed at our office or designated project site.

**Important!** This employment application will only be valid for **30 days** from application date. Incomplete applications will not be considered for employment with this company. If a question does not apply to you, print NA which means "not applicable". False or misleading statements on this employment application will result in its removal from consideration for any current or future employment opportunities with this company.

(PLEASE PRINT)

Position Applied For					Date of Application	
Last Name		First Name		Middle Name		Date of Birth
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)					Social Security Number	

Are you at least 18 years of age? <i>If under 18, hire is subject to receipt of required proof of your eligibility to work?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment pursuant to the IRCA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?      If Yes, give date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before?      If Yes, give date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily terminated or asked to resign from any job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work?		
Wage Expected?		
Are you eligible for overtime or shift work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a valid driver's license?      Driver's License No.      State:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a referral, who referred you to us?		
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*R.M. Schmidt, Inc.*

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

# ADDITIONAL INFORMATION

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## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Especially construction skills in areas other than the primary skill applied for on this application (multi-skill).


## Special Licenses


State any additional information you feel may be helpful to us in considering your skills and/or qualifications


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME:			
ADDRESS:		STATE:	ZIP:
POSITION:		TELEPHONE:	
NAME:			
ADDRESS:		STATE:	ZIP:
POSITION:		TELEPHONE:	
NAME:			
ADDRESS:		STATE:	ZIP:
POSITION:		TELEPHONE:	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for an open application period of time not to exceed **30 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 changes are specifically acknowledged in writing by an officer of this organization.

I understand that incomplete employment applications will not be considered. Furthermore, I understand that any extra writing or indications on this employment application will disqualify me from being considered for employment.

I hereby understand and acknowledge that if employed, my first 90 days with the company shall be considered as a probationary period during which time I may be discharged for any reason with or without cause.

In the event of employment, I understand that, if hired, false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer. Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of a drug and/or alcohol test and background information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

APPLICATION NO.: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ TIME REC'D: \_\_\_\_\_

INACTIVE DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_