



M&M Excavating Co., Inc.
17 Old State Road
Gaylord, Michigan 49735
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Employment Application

To the applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____
 (Last) (First) (Middle)

Address _____
 (Street) (City, State, ZIP)

Email Address _____ Telephone Number _____

Cell Phone Number _____ Social Security Number _____

Are you 18 years or older? Yes No

Are you a U.S. citizen? Yes No

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No

If yes, when? Supervisor Name(s)? _____

Have you filed an application here before? Yes No If yes, when? _____

List any friends or relatives working here. _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full time Part time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary/Wage Desired _____ Date available to work _____

Employers must make accommodations to disable applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the American's with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE (List current or most recent job first.)

1	Previous Employer	Date from	Work Performed
	Address	Date to	Supervisor
	Telephone Number	Hourly Rate	Reason for Leaving

2	Previous Employer	Date from	Work Performed
	Address	Date to	Supervisor
	Telephone Number	Hourly Rate	Reason for Leaving

3	Previous Employer	Date from	Work Performed
	Address	Date to	Supervisor
	Telephone Number	Hourly Rate	Reason for Leaving

EDUCATION

Education	Name/Location	Years Completed	Courses of Study
High School(s)			
College(s)			
Graduate/Vocational School(s)			

Any other educational training? _____

REFERENCES

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United State or in a State National Guard?

Yes No

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes No If yes, date obligation ends. _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No If so, where/when/nature of offense?

Do you have a valid driver’s license? _____ If so, License Number? _____

List professional trade, business or civic activities and offices held excluding group the name or character indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age. _____

State additional information you feel may be helpful in considering your application.

Name, address and telephone number of the person to be notified in the event of an accident or emergency _____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them for any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligation can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, the firm during the course of my employment.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment including, but not limited to, claims arising under the State, but not Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitations periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or action, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date _____ Signature _____