

Application For Employment

Mickelsen Construction, Inc.

76 N. 550 W.

Blackfoot, Idaho 83221

Phone – (208) 684-3803

Fax – (208) 684-5058

Email – mikoconst@gmail.com

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.

Date of Application: _____			
Position(s) applied for: _____			
Name: _____			
Last	First	Middle	
Email address: _____		Phone number _____	

Current Address _____			
Street			

City	State	Zip Code	

Do you have the legal right to work in the United States? _____			
Are you over the age of 21? _____		Can you provide proof of age? _____	
Have you worked for this company before? _____			
Dates:	From: _____	To: _____	
Rate of Pay: _____	Position: _____		
Reason for leaving: _____			

Are you now employed? _____	If not, how long since leaving last employment? _____
Who referred you? _____	Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish

Employment History

(Note: List employers in reverse order starting with the most recent.)

Employer		Dates	
Name	_____	From	_____ To _____
Address	_____		
City	_____	State	_____ Zip Code _____
Contact Person	_____	Position Held _____	
Salary/Wage	_____ Reason for leaving _____		
Employer		Dates	
Name	_____	From	_____ To _____
Address	_____		
City	_____	State	_____ Zip Code _____
Contact Person	_____	Position Held _____	
Salary/Wage	_____ Reason for leaving _____		
Employer		Dates	
Name	_____	From	_____ To _____
Address	_____		
City	_____	State	_____ Zip Code _____
Contact Person	_____	Position Held _____	
Salary/Wage	_____ Reason for leaving _____		
Employer		Dates	
Name	_____	From	_____ To _____
Address	_____		
City	_____	State	_____ Zip Code _____
Contact Person	_____	Position Held _____	
Salary/Wage	_____ Reason for leaving _____		
Employer		Dates	
Name	_____	From	_____ To _____
Address	_____		
City	_____	State	_____ Zip Code _____
Contact Person	_____	Position Held _____	
Salary/Wage	_____ Reason for leaving _____		

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer	_____
Reason	_____
Employer	_____
Reason	_____
Employer	_____
Reason	_____

Military

Did you serve in the U.S. Armed Forces? _____
If yes, which branch? _____

References Excluding Former Employers or Relatives

Name	_____
Address	_____
Position/Business Connection	_____
Phone Number	_____
Years Known	_____

Name	_____
Address	_____
Position/Business Connection	_____
Phone Number	_____
Years Known	_____

Name	_____
Address	_____
Position/Business Connection	_____
Phone Number	_____
Years Known	_____

Education

Highest Grade Completed

Grade School	_____
High School	_____
College	_____

Last School Attended: _____
Name City

Experience & Qualifications-Other

Show any trucking, transportation or other experience that may help in your work for this company?

List courses and training that may help you in your work for this company.

List special equipment or technical materials you can work with.

In accordance with the American Disabilities Act 942 USC 12101, Title 1, sec. 102 (d)(2)(B) and Act 942 USC 12101, Title 1 sec. 102(d)(3)(B)

Please answer the following questions:

Are you able to perform the following functions repetitively during an entire normal (8) hour day without restriction or pain?

Lift up to 80 lbs (Objects)		If not, how may lbs?	
Bending		Drive Long Haul trucks	
Twisting		Loading/Unloading trucks	
Squatting		Sitting	

In accordance with the American Disabilities Act 942 USC 12101, Title 1, Sec. 102 (d)(3)(B) will you please answer the following questions:

1. Please list all doctors or medical care providers you have seen in the last (5) years. If "None" write the word "None"
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1. Please list all industrial (Workman's Comp.) accidents in which you have been involved in the last (5) years. If "None" write the word "None"
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BEING DULY SWORN, THE UNDERSIGNED RELEASES TO MICKELSEN CONSTRUCTION, INC. ALL RELATED MEDICAL INFORMATION AND STATES THAT ALL THE ABOVE ANSWERS ARE TRUE AND CORRECT.

Applicant Signature

Date

To Be Read & Signed By Applicant

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 inquires 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 Signature

Date