



McDaniel's Construction Corp., Inc.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

LAST

PERSONAL INFORMATION

SS #:

DATE:

DRIVERS LICENSE #:

EXPIRES:

Name:

LAST

FIRST

MIDDLE

Address:

Street

City

State

Zip

Phone:

Are you 18 Years or Older?

Yes

No

Are You Either A U.S. Citizen Or An Alien Authorized To Work In The United States

Yes

No

FIRST

EMPLOYMENT DESIRED

Position:

Date You Can Start:

Salary Desired:

Are You Employed Now?

May We Contact Them?

Yes

No

Have You Ever Applied To This Company Before?

When?

Referred By

MIDDLE

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF IT'S MEMBERS

U.S. MILITARY OR
NAVAL SERVICE

RANK

RESERVES OR NATIONAL GUARD?

1069 WOODLAND AVENUE - COLUMBUS, OHIO 43219 - 614-252-5852

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING

DATE AND YEAR	Month	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Business	Years Acquainted

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

I UNDERSTAND THAT FALSIFICATION OF, OR OMISSION ON, THIS APPLICATION OR ANY EMPLOYMENT RELATED DOCUMENT IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. 2. I ACKNOWLEDGE THAT IF I BECOME EMPLOYED, I WILL BE AN AT WILL EMPLOYEE AND I WILL BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON AND MCDANIEL'S RETAINS THE SAME RIGHTS. 3. I UNDERSTAND THAT NO EMPLOYEE OF MCDANIEL'S HAS THE AUTHORITY TO ALTER MY AT WILL EMPLOYMENT STATUS OR THE POLICIES OF MCDANIEL'S (WITH WHICH I AGREE TO COMPLY IN CONSIDERATION OF MT EMPLOYMENT IF I AM EMPLOYED), EXCEPT THE PRESIDENT, WHO MAY ONLY DO SO IN WRITING. 4. I UNDERSTAND THAT MCDANIEL'S IS A SUBSTANCE FREE WORKPLACE AND THAT AS AN EMPLOYEE OR AS A CONTRACTOR TO MCDANIEL'S I WILL BE SUBJECT TO ALCOHOL AND/OR DRUG TESTING AS REQUIRED BY THE CORPORATE POLICY.

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED:

Yes

No

POSITION:

DEPT:

SALARY/WAGE:

DATE REPORTING TO WORK:

APPROVED:

1

2

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER