

# APPLICATION FOR EMPLOYMENT

Minichi, Inc. • 570-654-8332  
453 Ziegler Street, Dupont, PA 18641

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address <i>(Number, Street, City, State, Zip Code)</i>		
Telephone Number(s)		Social Security Number

Best time to contact you at home is:	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<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
Do any of your friends or relatives work here? If yes, state name, relationship and location _____	<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
Are you prevented from Lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Date available for work _____/_____/_____		What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full Time	(Please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part Time	(Please indicate Mornings Afternoon Evenings)	
	<input type="checkbox"/> Temporary	(Please indicate dates available _____/_____/_____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Can you travel if job a requires it?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Are you able to perform the essential functions of the job you are seeking without accommodations?	<input type="checkbox"/> YES		<input type="checkbox"/> NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (Specify)				

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

EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
ADDRESS	FROM	TO			
PHONE NUMBER(S)					
STARTING/PRESENT JOB TITLE	HOURLY RATE / SALARY				
SUPERVISOR	STARTING	FINAL			
REASON FOR LEAVING					
			MAY WE CONTACT?	YES	NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
ADDRESS	FROM	TO			
PHONE NUMBER(S)					
STARTING/PRESENT JOB TITLE	HOURLY RATE / SALARY				
SUPERVISOR	STARTING	FINAL			
REASON FOR LEAVING					
			MAY WE CONTACT?	YES	NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
ADDRESS	FROM	TO			
PHONE NUMBER(S)					
STARTING/PRESENT JOB TITLE	HOURLY RATE / SALARY				
SUPERVISOR	STARTING	FINAL			
REASON FOR LEAVING					
			MAY WE CONTACT?	YES	NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED		
ADDRESS	FROM	TO			
PHONE NUMBER(S)					
STARTING/PRESENT JOB TITLE	HOURLY RATE / SALARY				
SUPERVISOR	STARTING	FINAL			
REASON FOR LEAVING					
			MAY WE CONTACT?	YES	NO

**COMMENTS:** Include explanation of any gaps in employment.

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**SKILLS AND TRAINING:** Describe any special training, apprenticeship, skills and extra-curricular activities.

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

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**List Professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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**SPECIALIZED SKILLS** (Skills / Equipment operated)

PC/MAC	Forklift	Jack Hammer	Trencher	Bucket/Lift Truck
Typewriter	Pallet Jack	Compressor	Earth Saw	Line/Hoist Truck
MS Word	Welder	Bob Cat	Paver	Dangle Derrick/Auger
Excel	Meg Welder	Back Hoe	Roller	Highway/Compression Digger

**State any additional information you feel may be helpful to us in considering your application.**

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

Are you capable of performing in a reasonable manner; with or without reasonable accommodation, the activities involved in the job or occupation for which you applied? A review of the activities involved in such a job or occupation has been given.

**YES**       **NO**

**LICENSES AND CERTIFICATIONS HELD**

Drivers License	Endorsements	Safety	Other
CDL Class A	Hazmat	CPR	
CDL Class B	Airbrakes	OSHA	
Class C	Other:	OSHA	

**PERSONAL / PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

Name	Phone Number	Best Time To Call	Occupation

## **APPLICANT'S STATEMENT**

I certify that the answers herein are true and complete.

I authorize investigation all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this 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 change by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false on 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 employer.

**Signature of Applicant**

**Date**

# APPLICANT DATA RECORD

## COMPLETION OF THIS SECTION IS STRICTLY ON A VOLUNTARY BASIS.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**Date:**

**Position(s) Applied For**

**Referral Source:**      **Relative**                      **Friend**                      **Advertisement**  
  
                                 **Walk-In**                      **Employment Agency**                      **Union Affiliation**  
  
                                 **Other**

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**Name:**              **Last**                      **First**                      **Middle**                      **Phone**

**Address:**

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### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

**Check one:**              **Male**                      **Female**

**Check one of the following:**

**Race / Ethnic Group:**      **White**                      **Hispanic**                      **Pacific Islander**  
  
                                 **Black**                      **Asian**                      **American Indian / Alaskan**

**Check if any of the following are applicable:**

**Vietnam Era Veteran**                      **Disabled Veteran**                      **Handicapped Individual**