

COLEMAN ENGINEERING COMPANY

200 East Ayer Street Ironwood, MI 49938 Phone: 906-932-5048 635 CIRCLE DRIVE IRON MOUNTAIN, MI 49801 PHONE: 906-774-3440 790 Marvelle Lane, Unit 3 Green Bay, WI 54304 Phone: 920-264-9404

APPLICATION FOR EMPLOYMENT

Personal Information:			Date:	
Name:				
Address:				_
City:		State:	Zip:	
Telephone No: ()		Email:		
Position(s) applied for:		Date a	vailable:	
How did you learn about us?				
If hired, can you provide the oprove that you are legally able			Yes	No
If you are under 18 years of a required proof of your eligibili		rovide the	Yes	No
Have you ever been employe	d with us befo	ore?	Yes	No
	If yes, give o	late:	_	
Are you currently employed?			Yes	No
May we contact your present	employer?		Yes	No
Are you available to work:	Full Time	Part Time	Shift Work	Гетрогагу
Are you currently in "lay-off" s	tatus and sub	ject to recall?	Yes	No
Have you ever been terminat lack of work?	ed by an emp	loyer for other th	han Yes	No
If yes, please explain:				
Do you have dependable me work?	ans of transpo	rtation to and fr	om Yes	No

Employment History:List three most recent employers beginning with your <u>most recent</u> position.

Employer:				
Employed from:	To:			
Last wage:	Overtime:	Bonus:		
Last position:				
May we contact emp	oloyer at this time:			
Reason for leaving:				
Employer:				
Employed from:	To:			
Last wage:	Overtime:	Bonus:		
Last position:				
May we contact emp	oloyer at this time:			
Reason for leaving:				
Employer:				
Employed from:	To:			
Last wage:	Overtime:	Bonus:		
Last position:				
May we contact emp	oloyer at this time:			
Reason for leaving:				
Education:				
High School:		Did you graduate:		
College or University	/:	Degree Received:		
Principal field of stud	dy:			
Graduate or Profess	ional:	Degree Received:		
Principal field of stud	dy:			
Technical or Busines	SS:	Degree Received:		
Principal field of Stud	dy:			
Other:				
Special Skills and Qualifications: Summarize special job related skills and qualifications you may have. State any additional information you feel may be helpful to us in considering your application:				

	Professional License:					
	Are you a registered professional: Yes: No: In what state(s):					
In what discipline (civil, surveying, geotechnical, etc):						
	Other licenses / certifications applicable:					
	Professional affiliations (offices held if any):					
	Professional References: Name: Address: Phone: Relationship: 1.					
	2.					
	3.					
	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 the essential activities involved with the job or occupation for which you have applied? (A description of the essential activities involved In such a job or occupation is attached). Yes No					
	ACKNOWLEGEMENT					
	"I certify that the information given above and/or any other information I furnish you is true and complete to the best of your knowledge. I understand that the firm may investigate my work and professional history and verify all data given on this application, on related papers, and in interviews, but that it is no required to do so. I authorized all individuals, schools, and employers named and all financial institution law enforcement agencies and other persons, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of fact by me car result in immediate discharge."					
	"I understand that I may be required to take a drug screen as a condition of employment with certain clients and/or to take part in random drug screens during my employment, and I consent to such screens. I understand that I may also be required to fill out a background verification form as requested by certain clients. I further understand and acknowledge that any misrepresentation or omission of fact on this employment application, on my resume, on a background verification form or in an interview, and any failure of a drug screen can result in termination of the application process or an immediate discharge."					
	"In consideration of my employment, I agree to conform to the policies and regulations of Colemar Engineering Company and I understand and acknowledge that, if employed, my employment and compensation will be at the will of Coleman Engineering Company and can be terminated, with or without cause, and with or without notice, at any time at my option or the option of Coleman Engineering Company. I further understand and agree that no shareholder, associate, or employee of the Company other than its president has now or has had in the past any authority to enter into any agreement which is contrary to or a modification of the above describe employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the present of Colemar Engineering Company and approved by a vote of the Directors in order to be effective."					
	Dated:					

Applicant's Signature

PLEASE READ

This application will only be considered for the ninety calendars day period after its receipt by Coleman Engineering Company. Should you wish to be considered after the expiration of this period, you must reapply.

Coleman Engineering Company is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, gender, sexual orientation, national region, religion, citizenship, disability, height, and weight, marital or veteran status. Under the Michigan Persons with Disability Civil Rights Act and the federal Americans with Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicants unless the accommodations would impose an undue hardship on the employee. A disabled individual may allege a violation against an employer regarding a failure to accommodate his or her disability under Michigan law only if the disabled employee notifies the employer in writing of the need for accommodation within 182 days after the date the disabled person knew or reasonably should have known that an accommodation was needed.

DO NOT WRITE BELOW THIS LINE				
Interviewed by	Date			
Remarks:				
Interviewed By	Date			
Remarks:				
Referred by				
Hired by	On			
Position				
Will Report	Wages/Salary			
Other Comments:				