

APPLICATION FOR EMPLOYMENT (AT-WILL)



A. Lindberg & Sons, Inc.

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Ishpeming, MI 49849

Phone: (906) 486-4459

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Email: lindberg@lindberginc.com

To the Applicant: We appreciate your interest in our Firm 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 discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known.

It is the policy of A. Lindberg & Sons, Inc. that every employee is entitled to work under the safest possible conditions in the construction industry. Therefore, applicants being considered for employment will be subject to pre-employment screening for drug and/or alcohol. A positive result from such screening tests shall be grounds for denying or revoking employment to the applicant.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ Please note that this application will only remain active for 6 months, after which the applicant would need to re-apply.

Name: _____ SSN: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (____) _____ Work (____) _____

Are you 18 years or older?: _____ Yes _____ No Email: _____

Are there any hours or days of the week you cannot work?: _____ If so, when?: _____

Salary Desired: _____ Type of Employment Desired: _____ Full-time _____ Part-time

Are you employed now?: _____ May we contact your present employer?: _____

Current Employer: _____
Name Title Phone

Have you ever applied to this Company before?: _____ Where?: _____

Under what name?: _____ When?: _____

Have you been previously employed here?: _____ Yes _____ No If yes, dates(s): _____

Supervisor Name(s): _____

List any friends and/or relatives working here: _____

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

EDUCATION:

	Name & Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience?: _____ Date Entered: _____ Branch: _____

Rank: _____ Date Discharged: _____ Honorably?: _____

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

Special/technical training: _____

Are you lawfully entitled to be employed in the United States?: _____

Have you ever been convicted of a crime except a minor traffic violation?: _____ No _____ Yes

If so, please state citation, date, and place where offense occurred: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application: _____

Union Affiliation, if any: _____

Do you have a valid driver's license?: _____ Yes _____ No CDL License?: _____ Yes _____ No

License No.: _____ State: _____

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



REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address & Telephone	Relationship	Years Acquainted

Emergency Contact: _____
Name Street City/State Phone

CURRENT & FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address & Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

May we contact the employers listed?: _____ Yes _____ No

If not, which one(s): _____

Please read the following statement carefully before signing to indicate your full understanding:

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I authorize you to verify any of the information concerning my background, including but not limited to my employment, driving record, education, criminal history, medical history (post-offer only), or credit history report, 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 from 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 understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing any signed by both the President of the company and the person to whom the writing is directed. I hereby understand that construction work is seasonal, and therefore, if hired, my employment will most likely be terminated at the seasons end or upon completion of the project for which I was hired.

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 obligations can be imposed on the firm except those which have been acknowledged in writing, by the President or his designated representatives.

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 State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation 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 costs incurred by the firm in defense of said claims or actions, including attorney fees.

Signature:

Date:

