



BAILEY EXCAVATING, INC.
1073 TORO DRIVE
JACKSON, MI 49201

Employee #: _____

Date Hired: _____

Date Started: _____

(To be completed by office)

APPLICATION FOR EMPLOYMENT/EMPLOYMENT PACKET

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 judgement, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, sexual orientation, gender identity, marital or veteran status, the presence of a medical condition or disability, height, weight, or any other protected status.

PERSONAL:

Name _____ Date of Application _____
 (Last) (First) (Middle)

Address _____
 (Number) (Street) (City) (State) (ZIP)

Phone # (with area code) _____ Are you 18 years old or older? YES ___ NO ___

Social Security # _____ Date of Birth _____
 (MM / DD / YYYY)

Are you a U.S. citizen? YES ___ NO ___ Are you authorized to work in the United State? YES ___ NO ___

Do you have a valid Driver's License? YES ___ NO ___ Expires _____

License # _____ (We require a copy for our files upon employment)
 (State) (Letter then #)

Have you been previously employed here? YES ___ NO ___ If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? YES ___ NO ___ If yes, date(s) _____

List any friends or relatives working here _____

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

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full Time ___ Part Time ___ Other ___

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for? _____

Salary desired _____ Date available to start _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE (List current or most recent job first)

Employer	Date		Work Performed
Address	From	To	
City State ZIP			
Phone # (With area code)	Hourly Rate / Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Date		Work Performed
Address	From	To	
City State ZIP			
Phone # (With area code)	Hourly Rate / Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Date		Work Performed
Address	From	To	
City State ZIP			
Phone # (With area code)	Hourly Rate / Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

EDUCATION	Name / Location	Years Completed	Diploma / Degree	Course of Study
Elementary				
High School				
College				
Graduate				
Vocational / Training				

Any other educational training _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone #	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD:

Do you have experience in the Armed Forces of the United States or a State National Guard? YES ___ NO ___

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? YES ___ NO ___ If yes, date of obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION:

Have you been convicted of a crime? YES ___ NO ___

If so, where, when and nature of offense _____

List professional trade, business or civic activities offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital or veteran's status, height, weight or age

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

IN CASE OF EMERGENCY (Person(s) to be notified in the event of an accident or emergency)

Name	Number	Street	Phone #
Relationship	City	State	ZIP
Name	Number	Street	Phone #
Relationship	City	State	ZIP

FEDERAL, STATE & CITY WITHHOLDING INFORMATION:

Federal: Single ___ Married ___ Married at Single Rate ___ Exemptions ___
State: Exemptions ___ City: Yes ___ No ___ If yes, what city? _____

I do hereby give Bailey Excavating, Inc. permission to deduct all taxes, dues, fees, court orders and contributions as may be required from my regular pay.

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), 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 agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed in the Company 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 the State or 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 such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature _____

Date _____

Equal Employment Opportunity Questionnaire

Bailey Excavating, Inc. is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

In order to evaluate our progress as an Equal Opportunity Employer, we are asking applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUESTED AND VOLUNTARY.
INFORMATION PERTAINING TO VETERAN AND DISABILITY IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Confidential Applicant Information

Female

Male

Race/Ethnic Heritage (Please check one). If two or more categories apply, choose the one with which you most closely identify.

Black or African American

-A person having origins in any of the Black racial groups of Africa.

Asian Indian or Pacific Islander

-Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or Pacific Islands.

American Indian or Alaska Native

- Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic

-Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture of origin, regardless of race.

White

-Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Other

Veterans: Are you a **Disabled Veteran**? -Must be entitled to disability by Veterans Administration, rate at least 30% disabled; or discharged or released from active duty for a disability incurred or aggravated in the line of duty.

Yes No

If yes, please indicate limitations to be considered in job placement: _____

Are you a **Vietnam ERA Veteran**?

Yes No

-A person who both served on active duty for more than 180 days between August 5, 1965 and May 7, 1975, AND whose application for employment is submitted within 48 months of discharge or release.

If yes, please indicate limitations to be considered in job placement: _____

Are you a **Disabled**?

Yes No

-A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

If yes, please indicate limitations to be considered in job placement: _____

Applicant Name (Print)

Applicant Signature

Date