

McMillan Construction Co., LLC

Application for Employment

Name _____ Date _____ Phone Number _____

Age _____ Birthdate _____ Social Security Number _____

Present Address _____

Previous Address _____

Someone Not Living With You Who Can Always Reach You _____

Phone Number _____

Position Applying For _____

What Special Qualifications Do you Have? _____

Schools Attended _____

EMPLOYMENT BACKGROUND:

Present Employer _____ Rate of Pay _____

Reason for Leaving _____

List The Last Three Employers Beginning With The Most Recent:

Company/Address	Period Worked	Reason For Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have You Been In The Armed Forces Of The U.S.A. _____ Type of Discharge _____

Date Discharged _____ Present Classification _____ Length Of Service _____

References (Not To Include Relatives)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do You Have Or Have You Had Or Been Treated For Any Of The Following:

	Yes	No		Yes	No
Back Injury	___	___	Dizzy Spells	___	___
Hernia (Rupture)	___	___	Arthritis	___	___
Kidney Trouble	___	___	Rheumatism	___	___
Tuberculosis	___	___	Diabetes	___	___
Knee Injury	___	___	Epilepsy	___	___
Nervous Trouble	___	___	Stomach Trouble	___	___
Fainting Spells	___	___	Mental Illness	___	___
Heart Disorder	___	___	High Blood Pressure	___	___
Asthma	___	___			

Do You: Hear Well? _____ Wear Glasses? _____ See Well? _____

Height _____ Ft _____ In Weight _____ Lbs

Do You Have Or Have You Had A Disabling Injury? _____

If Yes, Describe _____

Have You Received Compensation For Injuries? _____ If Yes, Describe _____

The Following Information Is Confidential:

Male _____ Single _____ American Indian _____ Asian _____

Female _____ Married _____ White _____ Hispanic _____

Divorced _____ Black _____ Other _____

If Married, Is Your Spouse Employed? _____ Where? _____

Except For Minor Violations, Have You Ever Been Convicted Of Any Violation Of The Law? _____

If Yes, Complete The Following: What Offense _____ Date _____

Convicted _____ Fine Or Sentence _____

Do You Have A Valid Driver's License? Yes _____ No _____ If No, Why? _____

When Would You Be Available For Work? _____

Will You Abide By The Safety Rules Of This Company? Yes _____ No _____

Signature _____ Date _____