



MAIN OFFICE
 1965 Barrett Drive
 Troy, MI 48084-5372
PHONE 248-362-2130
FAX 248-362-4969

West MI Office
 8139 Douglas Ave
 Kalamazoo, MI 49009
PHONE 269-385-3222
FAX 269-385-3264

North MI Office
 6344 Blue Road (M-55)
 Lake City, MI 49651
PHONE 231-839-4430
FAX 231-839-4737

Central MI Office
 3900 S. US-27
 St. Johns, MI 48879
PHONE 989-292-4400
FAX 989-292-4401

APPLICATION FOR EMPLOYMENT

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. 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 disability, height, weight or any other protected status.

PERSONAL

Name _____
 Last First Middle

Application Date: ____/____/____

Home Phone: _____ - _____ - _____

Address _____

Cell Phone: _____ - _____ - _____

City _____ State _____ Zip _____

Other Phone: _____ - _____ - _____

Are you currently employed?..... Yes No

Are you legally eligible to work in the USA for any U.S. employer? Yes No

*If offered employment, you will be required to provide documentation to verify eligibility

Are you at least 18 years old? Yes No

EMPLOYMENT DESIRED:

- Full Time Seasonal Part Time Temporary Road Work Mechanic
 Office Yard Work Other

Date available for work: _____

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.

Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation?..... Yes No
If no, please list required accommodations _____

Are there any hours that you are unwilling or unable to work?..... Yes No
If yes, please list dates and/or times that you are unwilling or unable to work: _____

Are you willing to travel and work out of town?..... Yes No

Do you have any travel restrictions? Yes No
If yes, please list all travel restrictions: _____

Have you ever applied or worked here before?..... Yes No
If yes, provide dates _____

EMPLOYMENT EXPERIENCE: (List current or most recent job first)

Company Name _____ Phone Number ____-____-_____

Address _____ Dates Employed
From _____ To _____

Supervisor Name _____ Weekly Gross Pay / Salary _____

Job Title and Job Duties _____

Reason for leaving _____

Company Name _____ Phone Number ____-____-_____

Address _____ Dates Employed
From _____ To _____

Supervisor Name _____ Weekly Gross Pay / Salary _____

Job Title and Job Duties _____

Reason for leaving _____

Company Name _____ Phone Number ____-____-_____

Address _____ Dates Employed
From _____ To _____

Supervisor Name _____ Weekly Gross Pay / Salary _____

Job Title and Job Duties _____

Reason for leaving _____

You must attach a separate sheet if you have been employed by any employer not listed above.

May we contact your current employer?..... Yes No

May we contact past employers listed? Yes No

If not, please indicate the one(s) that you do not want us to contact. _____

Did you receive any discipline in the last 18 months of employment?..... Yes No
 If yes, please explain. _____

Have you ever been discharged or asked to resign from any position?..... Yes No

If yes, please explain. _____

EDUCATION	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
High School				
College				
Graduate				
Apprenticeship & Vocational Training				
Certifications				

List any training, experience or skills related to the position which you are applying for that you feel are relevant to the position you are seeking _____

REFERRAL SOURCE

___ Advertisement

___ PK Web Site

___ Other _____

___ Friend (Name) _____

___ Relative (Name) _____

___ PK Employee Referral (Name) _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in the State National Guard?

Yes No - If Yes, what branch? _____

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

Special/technical training _____

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.

If hired, I agree that the Firm can terminate my employment and compensation at its will for any reason or no reason, except an illegal reason, with or without cause, at any time, with or without advance notice or warning, and that the Firm's decision is not subject to review outside the Firm (except as may be provided by the applicable statute). I understand and agree that no employee, manager, executive, agent, board member, or any other representative of the Firm, other than the president/CEO, has any authority to enter into any agreement for employment for any specified period of time or terminable for cause or to make any oral or written representation or agreement or to establish any practice contrary to at-will nature of my employment relationship with the Firm. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the president/CEO of the Firm can modify the at-will nature of my employment. I understand and agree that no other oral or written statement, policy, or practice and no provision of the Firm's employee handbook can change the at-will nature of my employment. I understand and agree that, by signing this application, I would be accepting employment, if hired, on the terms set forth in this application and that my acceptance of such employment would supersede, revoke, cancel, and negate any prior statements, agreements, practices, policies, and representations, oral or written, if any, that the Firm would employ me on any terms other than the terms set forth in this application.

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 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.

In consideration of my employment, if hired, I agree:

1. To waive trial by jury of any claims under any Michigan or federal statutes or under the common law that I may have against the Firm or any of its employees, managers, executives, board members, agents, or other representatives.
2. Any award in any judicial action filed by me as an individual against the Firm alleging that it discharged me in violation of any Michigan or federal statute or any common law obligation will be limited to reinstatement, if available under the applicable statute, and back pay, minus any interim earnings.

I certify that I am legally authorized to work in the United States for any U.S. employer. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to provide documents proving both my identity and authorization to work in the United States, and that failure to provide those documents will result in revocation of the offer or the termination of employment. I certify that I am able to provide documents that demonstrate my identity and work authorization and that I will assist the Firm in completing Form I-9 Employer Verification.

This application will be null and void after three months if the Firm does not hire me, and I will need to re-apply if I want to be considered for employment after the three-month expiration of this application.

Date _____ Signature _____

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

This company 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).

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 STATUS 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 clearly identify.

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | -A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| <input type="checkbox"/> White (Not Hispanic or Latino) | -A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | -A person having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | -A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | -A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | -A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | -All persons who identify with more than one of the above five races. |
| <input type="checkbox"/> Other | |

*If you choose not to self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

Are you a Veteran of the United States Military Armed Forces? Yes No

Applicant name (Print) _____ Applicant Signature _____

FOR INTERVIEWERS USE

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

HIRED: Yes Starting Date _____ Division _____ Job Title _____

No

Comments _____

APPROVED:

Name		Title		Date	
Name		Title		Date	
Name		Title		Date	

DRIVING RECORD LOOKUP REQUEST

Individual's Full Name	Driver's License Number	Date of Birth

Do you have a valid Drivers License?..... Yes No

Do you have a Commercial Driver's License (CDL) Yes No

If yes, then what Class of CDL? A B C D

Endorsements: Hazardous Materials Tanker
 Air Brake Other _____

Do you have a DOT Medical Examiner's Card?..... Yes No
 If yes, Expiration Date_____

Has your license ever been suspended?..... Yes No
 If yes explain._____

Do you have any DUI or DWI convictions?..... Yes No
 If yes, explain _____
 (Driving records are obtained on all applicants)

Do you have any equipment operating or truck driving experience?..... Yes No

APPLICANT RELEASE FOR MOTOR VEHICLE REPORT

I, _____
 Applicant's first, middle, maiden and last name (please print clearly)

I hereby authorize a designated agent or representative of P.K. Contracting to receive any information pertaining to me which may be in the files of any state or local motor vehicle department. I understand that all information collected is for employment purposes only. I understand that if I am offered a position with P.K. Contracting that my position may be terminated following an unfavorable report.

 Signature Date

Voluntary Self-Identification of Disability

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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

•Blindness	•Autism	•Bipolar Disorder	•Post-traumatic stress disorder (PTSD)
•Deafness	•Cerebral palsy	•Major Depression	•Obsessive compulsive disorder
•Cancer	•HIV/AIDS	•Multiple sclerosis (MS)	•Impairments requiring the use of a wheelchair
•Diabetes	•Schizophrenia	•Missing limbs or partially missing limbs	•Intellectual disability (previously called mental retardation)
•Epilepsy	•Muscular Dystrophy		

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

P.K. Contracting, Inc.
Criminal Records Check Policy

This Company obtains criminal conviction record checks on applicants for employment. This Memo confirms the employment applicant review policy concerning conviction records of applicants. A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.

1. **This policy only reviews convictions. Arrest records will not be checked.**
2. An applicant may not be hired who has any conviction or incarceration for any crime of dishonesty, drug possession or sales, assault, or aggression within seven (7) years before applying for the job at the Company.
3. An applicant may not be hired for any position involving driving who has a conviction for any driving offense involving alcohol or drug use within three (3) years before applying for the job at the Company.
4. All other applicants with convictions within seven (7) years of application will be reviewed by the Company to determine whether the conviction disqualifies the applicant. The Company will also review driving records and may reject applicants because of poor driving records.
5. Any applicants who falsify employment applications by indicating they have no convictions when they have been convicted in the past (of any date or type) will not be hired and, if hired before the conviction search is completed, will be terminated when the search record confirming a conviction is received by the Company.
6. Any employee who is convicted for any reason during their employment must inform the Company, in writing, of the conviction within five (5) business days of conviction. Failure to timely provide written notification to the Company of the conviction will result in the immediate termination of the employee. The employment status of an employee who timely reports a conviction will be reviewed on a case-by-case basis. The Company may, in its discretion and as allowed by law, also conduct random and/or periodic criminal records checks of existing employees for convictions.
7. Appropriate steps will be taken to maintain the confidentiality of information received regarding an applicant's or employee's criminal record. Criminal conviction records will be maintained by the Human Resources Department in a file separate from employee and applicant files or kept in an appropriate restricted envelope secured for restricted access.
8. Nothing in this Policy shall modify the Company's employment policies.

