



**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**

Personal Information

Name \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                     Last          First      Middle                    Soc. Sec. Number

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position(s) Applying For:

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

Are you currently employed?       Yes       No

Are you at least 18 years old?       Yes       No

Are you legally eligible to work in the United States and upon employment can you provide documentation that you are legally eligible to work in the United States?       Yes       No

Have you been convicted of any criminal offense?       Yes       No

If yes, please explain. \_\_\_\_\_

Typical physical demands of this job include sitting, standing, climbing, reaching, lifting minimum of 50 lbs, carrying, pushing, pulling, low level work, dexterity of hands and fingers, seeing, hearing and talking.

Are you able to perform the essential functions of the position for which you have applied 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

PERSONAL INFORMATION – Continued

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 \_\_\_\_\_

Date available for work: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL

Name \_\_\_\_\_

City / State \_\_\_\_\_

Did you graduate \_\_\_\_\_ Yes \_\_\_\_\_ No

COLLEGE

Name \_\_\_\_\_

City / State \_\_\_\_\_

Did you graduate \_\_\_\_\_ Yes \_\_\_\_\_ No

Courses studied \_\_\_\_\_

Degree earned \_\_\_\_\_

OTHER SCHOOLING

Name \_\_\_\_\_

City / State \_\_\_\_\_

Did you graduate \_\_\_\_\_ Yes \_\_\_\_\_ No

Courses studied \_\_\_\_\_

Degree earned \_\_\_\_\_

**PRIOR WORK EXPERIENCE**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Weekly Gross Pay / Salary \_\_\_\_\_  
Job Title and Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Weekly Gross Pay / Salary \_\_\_\_\_  
Job Title and Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Weekly Gross Pay / Salary \_\_\_\_\_  
Job Title and Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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PRIOR WORK EXPERIENCE - continued

Company Name \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Weekly Gross Pay / Salary \_\_\_\_\_  
Job Title and Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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

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

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 \_\_\_\_\_ Friend (Name) \_\_\_\_\_  
\_\_\_\_ PK Web Site \_\_\_\_\_ Relative (Name) \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_ PK Employee Referral (Name) \_\_\_\_\_

**DRIVING RECORD LOOKUP REQUEST**

Individuals Full Name	Driver's License Number	Date of Birth

Do you have a valid Drivers License?  Yes  No

Do you have a Commercial Drivers 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)

**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 DISCLOSURE INFORMATION

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of employees and applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

### Military Service Record

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Rank \_\_\_\_\_

US Military Veteran  
 Disabled Veteran  
 Handicapped Individual

**GENDER**     Female     Male

### ETHNICITY

American Indian / Alaskan Native     Black / African American     White  
 Asian / Pacific Islander     Hispanic / Latino

**DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information requested in this application will remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand that this application will only be considered “active” for 30 calendar days from the date of application.

I authorize PK Contracting, Inc. to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment. I hereby indemnify PK and my prior employers and hold them harmless from any claims arising from such authorization.

I understand that , if employed, I agree to conform to the rules and regulations of PK Contracting, Inc. and that employment at P.K. Contracting is on an at-will basis, and can be terminated with or without cause and with or without notice at any time at either the employee’s option or the option of the Company. No agreement to the contrary may be made by any official of the Company except its President, and any such agreement must be in writing to be effective.

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date