



MAIN OFFICE
1965 Barrett Drive
Troy, MI 48064-5372
Phone: 248-362-2130
Fax: 248-362-4969

WEST MI
8139 Douglas Ave
Kalamazoo, MI 49009
Phone: 269-385-3222
Fax: 269-385-3264

NORTH MI
6344 Blue Road(M-55)
Lake City, MI 49651
Phone: 231-839-4430
Fax: 231-839-4737

CENTRAL MI
3900 S. US-27
St. Johns, MI 48879
Phone: 989-292-4400
Fax: 989-292-4401

P.K. CONTRACTING, INC. APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will not unlawfully discriminate against an employee or applicant on the basis of race, sex, color, religion, marital status, public benefit status, genetic information, age, veteran status, the presence of a disability, national origin, sexual orientation, gender identity or any other protected characteristic.

Please leave your completed Application for Employment with the Front Desk at our Main Office. Applications left elsewhere may not be considered for employment. This Application will be valid for 60 days. After that time, you must submit a new Application to be considered for employment.

PERSONAL INFORMATION

Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Number & Street) (City) (State) (Zip Code)

Phone (Day) _____ (Evening) _____

Are you 18 years or older? Yes ☐ No ☐ Are you legally authorized to work in the United States? Yes ☐ No ☐

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

Have you filed an application here before? Yes ☐ No ☐ If yes, date(s) _____

Do you know anyone currently working here? Yes ☐ No ☐ If yes, who? _____

If hired, will you have reliable transportation to work, understanding that your work location may change? Yes ☐ No ☐

Email address: _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work desired: Full time ☐ Part time ☐

If part time, please specify hours and days desired _____

DRIVING RECORD LOOKUP REQUEST

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

Do you have a valid driver's license?..... ☐ Yes ☐ No

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

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

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 heavy equipment operating experience?..... ☐ Yes ☐ No

Do you have any 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

MILITARY SERVICE DATA

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ☐ No ☐

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

Special/technical training _____

ADDITIONAL INFORMATION

Employers must make reasonable accommodations for qualified individuals with disabilities in the application process and during employment. Under Michigan law only, a disabled individual needing an accommodation must submit a written request within 182 days of the date the individual knows of the need for accommodation. There is no similar requirement under the Americans with Disabilities Act, although failure to notify the Company of the need for accommodation may preclude a claim that the Company failed to provide reasonable accommodation.

Are you capable of performing the essential functions of the position for which you are applying, with or without a reasonable accommodation? Yes ☐ No ☐

List professional trade, business or civic activities and offices held, excluding groups whose name or character indicate race, color, religion, sex, national origin, gender identity, sexual orientation, disability, marital or veteran status.

List a name, address, and telephone number of a person to be notified in the event of accident or emergency.

EMPLOYMENT EXPERIENCE

Can we contact your current employer? Yes ☐ No ☐

Please list all previous employers (most recent first).

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

Employer		Phone	
Address		City, State, Zip	
Job Title		Supervisor	
Work Performed			
Reason for leaving			
Date Started	Date Left	Starting Wage/Salary	Final Wage/Salary

EDUCATION				
School Level	Name and Location of School	Course of Study	# Years Completed (1 2 3 4)	Diploma / Degree
High School			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Undergraduate College			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Graduate College			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Other Education(Specify)			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

REFERENCES

List three persons familiar with your character, ability or education for more than one year. Please do not include relatives.

Name	Phone #	
Address		E-mail

Name	Phone #	
Address		E-mail

Name	Phone #	
Address		E-mail



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St. Johns, MI 48879
PHONE 989-292-4400
FAX 989-292-4401

Voluntary Self-Identification

Confidential: For Statistical Use Only

P.K. Contracting, Inc. is subject to Executive Order 11246, which requires government contractors and subcontractors to take affirmative action to employ and advance in employment, women and minorities and to keep records relating to the hiring of women and minorities. For that reason, we ask that you provide the information requested below.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Executive Order 11246. The information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed.

We are an equal opportunity employer and will not unlawfully discriminate against an employee or applicant on the basis of race, sex, color, religion, marital status, public benefit status, genetic information, age, veteran status, the presence of a disability, national origin, sexual orientation, gender identity or any other protected characteristic.

Please complete the information requested below. Thank you for your cooperation.

Name: _____

Date: _____

Position Applied for: _____

Gender

☐ Male ☐ Female

Race or Ethnic Identity:

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> Black or African-American | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> Asian | 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 Alaskan Native | 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 of More Races races | All persons who identify with more than one of the above five |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, North Africa, or the Middle East |

AUTHORIZATION AND UNDERSTANDING

I certify that all information given in this Application is true and complete. I authorize the Company to investigate my work and personal history and verify all data given on this Application and in interviews. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and the Company from liability for damages in providing or using this information. I understand and acknowledge that any misrepresentation, omission, or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

I also understand that if hired, my employment will be at the will of the Company and can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or me. I further understand that no manager, representative, agent or employee of the Company, other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the at-will employment relationship. Any modification of the at-will employment relationship must be by the President of the Company in a writing that specifically acknowledges that it is a modification of the at-will employment relationship and that is signed by the President of the Company. I am aware that any collective bargaining agreement covering my employment may also alter the at-will nature of my employment.

I understand that as a part of the hiring process I may be required to submit to an alcohol and/or drug test, and that throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include but are not limited to tests for drugs and/or alcohol) at the Company's discretion and expense. I authorize all testing laboratories to release test results to the Company, and I agree the Company has the right to use such results in decisions affecting my employment, and I authorize the Company to use the results for such purposes. I understand that if I am made an offer of employment, I may be required to complete a pre-employment physical and alcohol and drug screen or the offer of employment may be revoked. I am aware that any collective bargaining agreement covering my employment may alter this policy.

I acknowledge that during the application process, the Company may inquire as to any criminal convictions I have had. Conviction of a crime is not necessarily a bar to employment. The Company will consider all facts and circumstances surrounding that conviction, including age of the conviction and nature of the offense, before determining if the conviction will affect the status of my application.

I understand and agree that if I become employed by the Company, in consideration for my employment I will not commence any action, including any administrative claim or lawsuit, against the Company, its agents or employees, which in any way relates to my employment and/or termination of my employment, more than six (6) months after the date of the event giving rise to said actions. I acknowledge that the statute of limitations for some claims may be longer **and I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

Date

Applicant's Signature