



EMPLOYMENT APPLICATION

3900 28th Street SW, Grandville, MI 49418

(616) 532-6222

Date: _____

Full Name: _____

Maiden Name (if applicable): _____ Are you at least 18 years old? _____

Address: _____ City/Zip Code: _____

How long at current address: _____ Social Security Number: _____

Phone: _____ Cell phone: _____ Email: _____

Are you currently authorized to work in the United States? _____

Have you ever been convicted of a crime/felony? yes no If yes, please explain: _____

Position applying for: _____ Type: full-time part-time temporary seasonal

Salary Requirements: _____ Date available to start: _____

Do you have a valid driver's license? _____ Driver's license number: _____

State of issue: _____ Expiration date: _____

Do you have your own transportation to work? _____ If no, please describe means of transportation to and from work: _____

May we contact your present/previous employer? yes no

Have you ever applied to, or worked for this company before? yes no

If yes, when and position held: _____

How did you hear about our company: _____

Do you know anyone currently working here? yes no If so, who? _____

EDUCATION HISTORY

Type of School	Name of School	Location	No. of years completed	Did you Graduate?
High School				
College				
Trade School				

Special skills/training: _____

Have you ever been in the Armed Forces? yes no

If yes, Branch of Service: _____ Rank held: _____

Date entered: _____ Discharge date: _____

Honorable discharge: yes no

EMPLOYMENT HISTORY

Name of Employer: _____

Address: _____

Phone Number: _____

Employment Dates: _____

Pay Rate: _____ Starting: _____ Ending: _____

Job Title/Position: _____

Name of Supervisor: _____ Reason for Leaving: _____

Job Responsibilities: _____

Name of Employer: _____
Address: _____
Phone Number: _____
Employment Dates: _____
Pay Rate: Starting: _____ Ending: _____
Job Title/Position: _____
Name of Supervisor: _____ Reason for Leaving: _____
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Name of Employer: _____
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Pay Rate: Starting: _____ Ending: _____
Job Title/Position: _____
Name of Supervisor: _____ Reason for Leaving: _____
Job Responsibilities: _____

REFERENCES

Name: _____
Address: _____
Phone Number: _____ Employer: _____
Name: _____
Address: _____
Phone Number: _____ Employer: _____

Name: _____

Address: _____

Phone Number: _____ Employer: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

AUTHORIZATION

“I certify that all the information submitted by me on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

I further understand that my employment with American Fence Erectors shall be probationary for a period of ninety (90) days, and further that at anytime during the probationary period or thereafter, my employment relationship with American Fence Erectors and/or compensation is terminable at will for any reason by either party with or without cause, with or without notice.

I authorize investigation of all statements contained herein, as well as the references and employers listed above to give you all information concerning my previous employment. I release the company from all liability for any damage that may result from utilization of such information.

In consideration for employment, I agree to conform to the company’s rules and regulations. I understand that no company representative, other than the President – and then only in writing and signed by the President – has any authority to enter into any agreement for employment for any specific period, or to make any agreement contrary to the foregoing.”

This job requires you to operate company vehicles. Therefore, I authorize American Fence Erectors, Inc. to run a background on my license.

Applicant Signature: _____ Date: _____

American Fence Erectors, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with American Fence Erectors depends solely on your qualifications.

Thank you for completing this application form and your interest in our business.



3900 28th Street SW, Grandville, MI 49418

(616) 532-6222

Date: _____

Name: _____

Last

First

Middle

Social Security Number: _____ XXX-XX-

Authorization:

"I have made application of employment with American Fence Erectors, Inc. I hereby request and authorize you to furnish American Fence Erectors, Inc. with any information concerning my employment record, character, habits and ability. I do hereby release all entities and individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and giving of such information."

Applicant Signature: _____