

Hall Contracting, Inc.
P.O. Box 450
Munising, MI 49862
Phone: 906.387.3379
FAX: 906.387.5985
info@tomhallcontracting.com

Application for Employment

The following information is requested to help us make the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics. *Please complete all areas of application to be considered. Submit applications electronically to: info@tomhallcontracting.com*

NAME: _____ (LAST) (FIRST) (MIDDLE) (DOB) SOCIAL SECURITY NO. _____

ADDRESS: _____ (CITY) (STATE) (ZIP) _____

(HOME PHONE)

(MOBILE PHONE)

If hired, can you show proof of legal authorization to work in the United States? YES YES _____ NO

Are you at least 18 years of age? YES YES _____ NO

If under 18 years of age, can you produce a work permit upon hire? N/A YES _____ NO

If you are hired when can you begin work? _____

Valid Driver's License Y Y/N

Please check if you have either of the following:

CDL y/n DL# _____

If hired, can you provide your own transportation to and from work? _____

EXP: _____

Do you have any convictions as an adult? A conviction will not necessarily disqualify you from employment.

_____ YES _____ NO

Will you be willing to take a physical? (Fees paid by Hall)

_____ YES _____ NO

Provide a work-related example of a time where you had to work with a group to meet an urgent deadline while still having to complete other jobs. How did you multi-task?

Describe a difficult encounter that you have had with a co-worker or customer? What was the concern, what was the outcome?

EDUCATION

<u>HIGH SCHOOL</u>		<u>NAME/ADDRESS</u>	<u>DID YOU GRADUATE?</u>	<u>DEGREE</u>
FROM	TO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>COLLEGE</u>		<u>NAME/ADDRESS</u>	<u>DID YOU GRADUATE?</u>	<u>DEGREE</u>
FROM	TO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>OTHER</u>		<u>NAME/ADDRESS</u>	<u>DID YOU GRADUATE?</u>	<u>DEGREE</u>
FROM	TO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYMENT

DATES OF EMPLOYMENT MM/YYYY	NAME/ADDRESS AND PHONE NUMBER OF EMPLOYER	JOB TITLE	REASON FOR LEAVING	STARTING/ENDING WAGE
From: To:				START: END:
From: To:				START: END:
From: To:				START: END:
From: To:				START: END:
From: To:				START: END:

List special training, certificates, or licenses you have relative to the job for which you are applying.

 _____.

List any job-related professional associations in which you participate.

 _____.

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired. An incomplete application will be disqualifying.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the President of Tom Hall Contracting, Inc, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if hired, I will be required to undergo a physical examination and drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and the test will be performed at the employer's expense, by the employer's choice of physician.

I authorize Tom Hall Contracting, Inc and its employees and representatives to provide any pertinent information they think appropriate, including information about my employment, job performance, and related matters to any supervisor/foreman of Tom Hall Contracting, Inc. This information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I have or may have against Tom Hall Contracting, Inc and its agents, employees, and representatives. I release Tom Hall Contracting, Inc. and its agents, employees, and representatives from any liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me in pre-employment and/or continuing employment background investigations.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

APPLICANTS SIGNATURE _____ DATE 07/26/2021

PRINTED NAME _____