



Milback Construction Company
 8 Spruce Street
 Baldwinsville, New York 13027

Employment Application

Personal Information

Name of Employer:

Name (Last)	First	(Middle)	Date	/	/
Home Address		City	State	Zip	
Home Telephone ()	Mobile Phone ()	Business Phone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail					

Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer						
Days and hours available								
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of older? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one under age 16 may be hired)
From								
To								
How were you referred to us?								

Education

Type of School	Name and Location of School	Degree / Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
College	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Graduate School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

Legal

Are you legally authorized to work in the United States? Yes No (Identity And employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies). _____

Reason for discharge _____

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodations, or any other physical protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State and local requirements.

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Employment History

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis. Is any additional information relative to a different name necessary to check your work record?
 If yes, explain Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES (attached a separate sheet if needed)	SALARY OR WAGES	REASON FOR LEAVING
From: _____ To: _____	Name _____ Address _____	Your Job Title		Starting _____ Final _____	
From: _____ To: _____	Name _____ Address _____	Your Job Title		Starting _____ Final _____	
From: _____ To: _____	Name _____ Address _____	Your Job Title		Starting _____ Final _____	
From: _____ To: _____	Name _____ Address _____	Your Job Title		Starting _____ Final _____	
From: _____ To: _____	Name _____ Address _____	Your Job Title		Starting _____ Final _____	

References

Business references: (do not list relatives)

Name	Address	Work Phone No.	Title	Years Known

Please Read Carefully

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Milback Construction Company.

I understand and agree that if employed, employment will be "AT WILL". That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or other documents are not contracts of employment.

I understand that I am applying for work with Milback Construction Company.

 APPLICANT'S SIGNATURE

 DATE SIGNED