

146 W. Main St., Homer, MI 49245 517-568-4104 Fax: 517-568-7120

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source ☐ Advertisement ☐ Friend ☐ Relative
 ☐ Employment Agency ☐ Other _____

Name _____ Phone _____
Last First Middle

Address _____
 Street City State Zip

Driver's License Number _____

State in Which You Obtained Your Driver's License

Have you filed an application or been employed here before? Yes No Date

Are you a Citizen of the United States? Yes No

If not, do you possess an Alien Registration Card? Yes No

Do Any of Your Friends or Relatives Work Here?	Yes	No
1. How many people work here?		
2. How long have you been working here?		
3. How much do you earn per hour?		
4. How many hours do you work per week?		
5. How many people work here?		
6. How long have you been working here?		
7. How much do you earn per hour?		
8. How many hours do you work per week?		

If Yes, List Name(s)_____

Are you? Under 18 18–70 Over 70 years of age

In Case of Accident or Emergency, Please Notify:

Name _____

Address

Phone #

APPLICANT DATA

Are you known to schools/references by another name? ____ Yes ____ No

If yes, by what name? _____

Have you been convicted of a felony or released from prison within the last 7 years? ____ Yes ____ No

If yes, describe in full, including date(s) _____

Can You Travel If A Job Requires It? ____ Yes ____ No

Have You Been Bonded? ____ Yes ____ No

If Yes, For Which Position(s) _____

Are You A Veteran? ____ Yes ____ No

If Yes, What Was Your Branch of Military Service? _____ Rank _____

Are you presently enlisted with the National Guard? ____ Yes ____ No

Give Name, Address, and Phone Number
of Three References Not Related To You

Briefly Comment on Your Reasons for Desiring a Position with our Company:

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities.

(1) Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
(2) Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
(3) Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
(4) Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Are you available to work? ☐ Full Time ☐ Part Time ☐ On Shifts

Are you on Lay-Off and subject to recall? ☐ Yes ☐ No

Are you presently Employed? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE CONT.

Summarize Special Skills and Qualifications

Acquired From Employment or Other Experience _____

EDUCATIONAL DATA

School Name	Elementary	High	College / University	Graduate / Professional
Grade Completed (Circle):	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Spec- ialized Training, Apprenticeship, Skills, & Extra- Curricular Act.				

What Foreign Languages Do You Speak, Read, and/or Write Fluently?

List Trade or Professional Organizations Of Which
You Are A Member, Including Offices Held _____

MEDICAL/HEALTH DATA

Do you understand that the work you are applying for involves manual labor?

Do you have a fear of heights? ____ Yes ____ No

This position may require various lifting. Can you lift 50 lbs.?

_____ Yes _____ No

After 1 year of employment, our company offers 4 Personal/Sick days a year.
Are you comfortable with this? ____ Yes ____ No

I hereby testify that to the best of my knowledge and belief that I am physically capable of performing manual labor. I also testify that I have submitted to McConnell & Scully, Inc. the above medical history and understand that any fraudulent statements or withheld information will result in my immediate dismissal. Also, I testify that I have read all of the above and have answered all the questions hereon to the best of my knowledge and belief.

Signed _____



McCONNELL & SCULLY, INC.



OIL WELL SERVICING • WATER WELL PLUGGING & RESTORATION
EXCAVATING & CONSTRUCTION • SANDBLASTING & PAINTING • RIGHT-OF-WAY CLEARING
To Whom It May Concern:

I have applied for employment with McConnell & Scully, Inc. and appreciate your giving to this company the information requested on this form.

You are hereby authorized to give McConnell & Scully, Inc. any and all information regarding my service, character and conduct while employed with you, and I release all parties from any and all liability, which may result from supplying such information.

Applicant Signature. _____

Name of Applicant _____

Social Security Number _____ Date Employed _____

APPLICANT STOP HERE

EVALUATE APPLICANT:	Excellent	Good	Fair	Poor
JOB KNOWLEDGE				
QUALITY OF WORK				
QUANTITY				
ATTITUDE				
DEPENDABILITY				
PUNCTUALITY				
PERSONAL APPEARANCE				

Job Duties While Employed With Your Company _____

Reason For Leaving _____

Eligible For Re-Employment: ____ Yes ____ No If not, please explain. _____

Wage Rate _____ Per Hour

Signature _____

Date _____

Title _____

Company _____