



CONSTRUCTORS OF BRIDGES,  
STRUCTURAL CONCRETE & PILING

### Employment Application

Please complete all applicable pages and return to office.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

To the Applicant: We appreciate your interest in our Firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

**PERSONAL**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Telephone Number (with area code) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you 18 years or older? Yes  No  Are you a U.S. citizen? Yes  No  (not applicable in California)

Are you authorized to work in the United States? Yes  No

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

Supervisor Name(s) \_\_\_\_\_

Have you filed an application before? Yes  No  If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full time  Part time  Other  \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available to work \_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

**EMPLOYMENT EXPERIENCE** (List current or most recent job first)

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

List Any other positions held on a separate sheet

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Trade/Apprenticeship				

List skilled trade union local, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight, or age:

State any additional information you feel may be helpful to us in considering your application:

---



---

**REFERENCES (Do not include relatives or former employers)**

	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Years Acquainted</b>
<b>1.</b>				
<b>2.</b>				

**MILITARY SERVICE RECORD**

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 \_\_\_\_\_

Are you in the reserves? Yes  No  If yes, date obligation ends \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever been convicted of a crime? Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_ State \_\_\_\_\_

Are you willing to travel? Yes  No  How far are you willing to travel? \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

**I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm.** I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Applicant Affirmative Action Program  
Self Identification Form**

**Required Information**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Position(s) for which you are applying:** \_\_\_\_\_

**Voluntary Information**

Anlaan Corporation is an Equal Opportunity / Affirmative Action (EEO/AA) employer and must track our applicants by gender and race/ethnicity and the position for which they applied. We consider all qualified applicants for all positions without regard for race, color, religion, gender, national origin, disability, or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. For this reason we invite you to indicate your gender and race / ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our EEO program and reporting requirements.

**Gender:**       Male                       Female

**Race/Ethnic Identification (check one):**

**Are you Hispanic or Latino?**    Yes                       No

**If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>White (Not Hispanic or Latino)</b>                                     | <input type="checkbox"/> <b>American Indian or Alaska Native (Not Hispanic or Latino)</b> |
| <input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b>                 | <input type="checkbox"/> <b>Two or More Races (Not Hispanic or Latino)</b>                |
| <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> | <input type="checkbox"/> <b>I do not wish to disclose.</b>                                |
| <input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b>                                     |   |

Any questions regarding Equal Opportunity / Affirmative Action Policy should be addressed to:  
Nicholas Baker, EEO Officer at 616-846-8442 x 115 or at [nickbaker@anlaan.com](mailto:nickbaker@anlaan.com)