



JOB SITE SERVICES INC.
 4395 Wilder Rd. Bay City, MI 48706
 Phone: 989.671.3318 FAX: 989.671.3316



G&D CONTRACTING INC.
 4106 E. Wilder Rd. # 323 Bay City, MI 48706
 Phone: 989.671.3318 FAX: 989.671.3316

Employment Application – Please Print

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ How long at Current Address? _____

Position Applied for: _____

Days/hours available to work
 Mon Tues Wed Thurs Fri Sat Sun No Pref No. of hours you can work/week? _____

Employment Desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

Are you under age 18? YES NO If Yes, can you provide proof of your eligibility to work? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Proof of eligibility will be required if hired.

Have you ever worked for this company? YES NO If so, when? _____

Background Information

Have you ever been convicted of a felony? YES NO Is it substantially related to the functions or qualifications of the job for which you are applying? Yes No

If yes, explain:

(No. of conviction(s), nature of Offense(s) leading to conviction(s), how recently such offense(s) was / were committed, sentence(s) imposed and type(s) of rehabilitation.)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

OSHA Training With Expiration Dates:



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Do you have a Driver's License? YES NO What is your means of transportation to work? _____

Driver's License number _____ State of Issue _____

Operator Commercial (CDL) Chauffeur Expiration Date: _____

Endorsements A B C Combination Air Brakes

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating you qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age marital status, ethnic origin, religious or political affiliations, or disability.

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Previous Employment - Continued

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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Disclaimer and Signature

Did you complete this application yourself? Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied Yes No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Job Site Services, Inc. and G&D Contracting, Inc. will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization through E-Verify.

Signature: _____ Date: _____