

Employment Application



Rohde Construction Company, Inc.

4087 Brockton Dr., SE, Kentwood, MI 49512

Website: www.rohdeconstruction.com

Rohde Construction Company, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, height, weight disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position, misdemeanor arrest record, material status or other characteristics which are or may be protected by law.

Instructions: You must answer all questions accurately and completely. You must sign and date the application. Do not provide information not requested. If you do not comply with these instructions, your application will be disregarded.

Completed Applications may be emailed to careers@rohdeconstruction.com.

Date: _____

PERSONAL INFORMATION

Full Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Length of time at this address: _____ Telephone #: _____

Email Address: _____

Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid driver's license? Yes No

EMPLOYMENT DESIRED

Position applied for: _____ Date available to start: _____

Salary or rate of pay desired: _____ Full-Time Part-Time

How did you hear about Rohde Construction Company: _____

Have you every applied to Rohde Construction Company before? Yes No

If yes, when: _____

Are you related to anyone employed by Rohde Construction Company? Yes No

If yes, please give their name and relationship to you: _____

List anyone else you know who works for us: _____

RECORD OF CONVICTION

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes, explain: _____

Are there any felony charges pending against you now? Yes No If yes, explain: _____

MILITARY SERVICE

Have you served in the U.S. Armed Forces? Yes No. Dates of service: _____

Branch of Service: _____ Ranking: _____

Were you honorably discharged? Yes No If no, explain: _____

EDUCATION

High School: No. of years completed: 1 2 3 4

Diploma: Yes No G.E.D.: Yes No

School(s): _____ City/State: _____

College and/or Vocational School: No. of years completed: 1 2 3 4

School(s): _____ City/State: _____

Major: _____ Degree(s) earned: _____

Other Training or Degrees:

School(s): _____ City/State: _____

Course/Major: _____ Degree or Certificate earned: _____

License or Membership:

Type of License held: _____ Expiration Date: _____

Other Memberships: _____

SKILLS/EXPERIENCE

Field: Laborer Carpenter Superintendent Other: _____

Office: Project Management Project Coordination Accounting Other: _____

Computer: Excel Word PlanGrid Sage Other: _____

EMPLOYMENT HISTORY (List current or most recent employer first.)

May we contact your current employer? Yes No

Current Employer: _____ Telephone: _____

Address: _____

Position: _____ Dates of Employment: _____ to _____

Salary: _____ Name and Title of Supervisor: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position: _____ Dates of Employment: _____ to _____
Salary: _____ Name and Title of Supervisor: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position: _____ Dates of Employment: _____ to _____
Salary: _____ Name and Title of Supervisor: _____
Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position with their duties on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

PROFESSIONAL REFERENCES (Please list references that are not related to you.)

1. Name: _____ Occupation: _____
Company: _____ Phone #: _____
Address: _____ Years Known: _____

2. Name: _____ Occupation: _____
Company: _____ Phone #: _____
Address: _____ Years Known: _____

3. Name: _____ Occupation: _____
Company: _____ Phone #: _____
Address: _____ Years Known: _____

APPLICANT'S CERTIFICATION & ACKNOWLEDGEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Rohde Construction Company, Inc. (hereafter referred to as "RCC") to verify their accuracy and to obtain reference information on my work performance. I hereby release RCC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that if I have a protected disability that affects my ability to do the job I seek, I may ask my employer to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either RCC or myself. I understand that no manager or other representative of RCC, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.

I understand that, as a condition of any employment offered, I must provide verification that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

I authorize the references listed in this Employment Application and any prior employer, educational institution, or any other persons or organizations to give RCC any and all information concerning my previous employment/educational accomplishments, disciplinary information, or any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to RCC. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

I authorize RCC to acquire my criminal conviction history. I agree to execute the appropriate authorization if necessary to obtain such information.

I authorize RCC to inquire into and obtain documents related to any driving record from every state in which I have held a motor vehicle operator's license or permit. I agree to execute an authorization for RCC to obtain such information.

I agree to take a physical exam following any conditional job offer. I also authorize RCC or its designated agent(s) to withdraw specimen(s) of my blood, urine, hair and/or other substances for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment may be as a result of these tests.

I understand that my application will be considered pursuant to RCC's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I agree that if any of the above provisions is ever found to be legally unenforceable as written, the particular provision concerned shall be limited to allow its enforcement as far as legally possible. I further agree that the invalidity of any provision of this document shall not affect the validity of any other provision and all other provisions shall remain in full force and effect.

By signing below I acknowledge that I have read, understood and agree to the above statement.

(Applicant's Signature)

(Date)