

O.K. BRUGMANN JR. LLC
READY MIX PRECAST CONCRETE
4083 MENNONITE ROAD
MANTUA, OHIO 44255
330.274.2106 FAX 330.274.0003

O.K. BRUGMANN JR. LLC

EMPLOYMENT APPLICATION

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS:

CITY: _____ STATE: _____ ZIP CODE:

HOME PHONE: _____ CELL PHONE: _____ EMAIL:

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE NUMBER:

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ABLE TO WORK IN THE UNITED STATES? _____

HOW WERE YOU REFERRED TO OUR COMPANY?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)?
YES _____ NO _____

IF YES, PLEASE STATE THE NATURE OF THE OFFENSE(S), DATE(S), CITY, STATE AND DISPOSITION OF THE OFFENSE:

EMPLOYMENT INFORMATION

POSITION DESIRED: _____ WAGE DESIRED:

WHAT DAYS ARE YOU AVAILABLE TO WORK (CIRCLE ALL THAT APPLY)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY
SUNDAY

ARE YOU AVAILABLE TO WORK OVERTIME IF NECESSARY? _____

ARE YOU ABLE TO WORK WEEKENDS? _____ WHEN ARE YOU AVAILABLE TO START?

IF YOU ARE UNDER THE AGE OF 18 YEARS OLD, COULD YOU PROVIDE A WORK PERMIT?

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? NOTE: WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND WILL CONSIDER REASONABLE ACCOMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS TO PERFORM ESSENTIAL FUNCTIONS:

YES: _____ NO: _____

SKILLS

WHAT KNOWLEDGE, SPECIAL SKILLS AND/OR INDIVIDUAL CAPABILITIES DO YOU HAVE WHICH ESPECIALLY PREPARE YOU FOR THE POSITION BEING APPLIED FOR?

EDUCATION

HIGH SCHOOL OR TRADE SCHOOL

NAME & CITY OF SCHOOL:

NUMBER OF YEARS COMPLETED: _____ DID YOU GRADUATE?

COLLEGE OR UNIVERSITY

NAME & CITY OF SCHOOL:

NUMBER OF YEARS COMPLETED: _____ DID YOU GRADUATE?

DEGREE(S) OR DIPLOMA(S): _____ MAJOR FIELDS OF STUDY:

EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ALL EMPLOYMENT WITHIN THE LAST SEVEN YEARS, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER.

COMPANY NAME: _____ COMPANY
ADDRESS: _____

COMPANY PHONE NUMBER: _____ DATES EMPLOYED FROM _____
TO: _____

SALARY: _____ JOB TITLE: _____ CURRENT EMPLOYER:

SUPERVISOR: _____ MAY WE CONTACT YOUR EMPLOYER?

EMPLOYMENT DUTIES AND RESPONSIBILITIES:

WHAT IS YOUR REASON FOR LEAVING:

COMPANY NAME: _____ COMPANY
ADDRESS: _____

COMPANY PHONE NUMBER: _____ DATES EMPLOYED FROM _____
TO: _____

SALARY: _____ JOB TITLE: _____ CURRENT EMPLOYER:

SUPERVISOR: _____ MAY WE CONTACT YOUR EMPLOYER?

EMPLOYMENT DUTIES AND RESPONSIBILITIES:

WHAT IS YOUR REASON FOR LEAVING:

COMPANY NAME: _____ COMPANY
ADDRESS: _____

COMPANY PHONE NUMBER: _____ DATES EMPLOYED FROM _____
TO: _____

SALARY: _____ JOB TITLE: _____ CURRENT EMPLOYER:

SUPERVISOR: _____ MAY WE CONTACT YOUR EMPLOYER?

EMPLOYMENT DUTIES AND RESPONSIBILITIES:

WHAT IS YOUR REASON FOR LEAVING:

PERSONAL REFERENCES

PLEASE LIST AT LEAST THREE PERSONS **NOT** RELATED TO YOU WHO YOU HAVE KNOWN YOU AT
LEAST 5 YEARS

NAME: _____ PHONE:

NAME: _____ PHONE:

NAME: _____ PHONE:

APPLICANTS STATEMENT

(INITIAL EACH NUMBERED ITEM READ)

- _____ THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND MAY BE VERIFIED BY O.K. BRUGMANN JR. LLC OR ITS AGENTS
- _____ I AUTHORIZE ALL THE SCHOOLS, PERSONS AND ORGANIZATIONS NAMED IN THIS

APPLICATION TO PROVIDE ANY RELEVANT INFORMATION IN THEIR POSSESSION OR KNOWLEDGE TO THE AGENTS O.K. BRUGMANN JR. LLC, FOR USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE O.K. BRUGMANN JR. LLC, MY FORMER EMPLOYEER AND ALL OTHER PERSONS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INQUIRY OR DISCLOSURE.

- _____ I UNDERSTAND THAT O.K. BRUGMANN JR. LLC IS COMMITED TO MAINTAINING A DRUG AND ALCOHOL-FREE WORK PLACE. ACCORDINGLY, I MAY BE SUBJECT TO A PRE-EMPLOYMENT BLOOD TEST, URINALYSIS OR OTHER DRUG/ALCOHOL SCREENING. I FURTHER UNDERSTAND THAT IF EMPLOYED, I MAY BE SUBJECT TO SUCH A TEST IF O.K. BRUGMANN JR. LLC HAS REASONABLE SUSPICION TO BELIEVE THAT I AM UNDER THE INFLUENCE OF A DRUG OR ALCOHOL. MY CONSENT TO SUBMIT TO SUCH A TEST IS REQUIRED AS A CONDITION OF EMPLOYMENT AND MY REFUSAL TO CONSENT SHALL RESULT IN REFUSAL TO HIRE OR, IF ALREADY EMPLOYED, TERMINATION.
- _____ I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION WILL BE JUSTIFICATION FOR REFUSAL OR TERMINATION OF EMPLOYMENT, REGARDLESSS OF THE TIME ELAPSED BEFORE DISCOVERY.
- _____ I UNDERSTAND AND AGREE THAT THE AGE FOR EMPLOYMENT FOR WHICH I AM APPLYING FOR IS AT WILL AND SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, WITHOUT PRIOR NOTICE, BY EITHER MYSELF OR O.K. BRUGMANN JR. LLC. THERE WILL BE NO AGREEMENT, EXPRESS OR IMPLIED BETWEEN O.K. BRUGMANN JR. LLC AND ME FOR ANY SPECIFIC PERIOD OF EMPLOYMENT, NOR FOR CONTINUING OR LONG-TERM EMPLOYMENT, UNLESS MADE IN WRITING, SIGNED BY AN AUTHORIZED REPRESENTATIVE OF O.K. BRUGMANN JR. LLC
- _____ I HAVE PLACED MY SIGNATURE IN THE SPACE BELOW ONLY AFTER I HAVE COMPLETED THE ENTIRE APPLICATION TO THE BEST OF MY ABILITY AND HAVE CAREFULLY READ THE STATEMENTS ABOVE.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____