

320 South Military Avenue
PO Box 11387
Green Bay, WI 54307-1387
Phone: (920) 494-3461
Fax: (920) 494-4177

Print Name: _____

Position Applying for: _____

Date: _____



EMPLOYMENT APPLICATION

H.J. Martin and Son, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name Initial	First	Middle	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message # ()
Street Zip Code	City	State	
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list names.	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	
What days and hours are you available to work?			

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications

For Clerical Applicants Only:

Do you type? Yes No If yes, WPM:

Computer Skills (Hardware/Software)

EMPLOYMENT HISTORY

List employment starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

PERSONAL REFERENCES (Not former employers or relatives)

Name	Occupation	Address	Telephone Number
			()
			()
			()

GENERAL

Yes No

If hired, will you be able to work overtime?

Do you think you will be able to handle the physical aspects of this job? If no please explain.

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? If no please explain!

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

DRUG – FREE WORKPLACE POLICY

The following policy is required by the Drug-Free Workplace Act and complies with applicable law concerning drug use in the workplace.

- 1.) Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe work environment.
- 2.) The unlawful manufacture, distribution, possession or use of a controlled substance on the Company's premises or while conducting the Company's business off its premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
- 3.) Employees must report any conviction under a criminal drug statute for violations occurring on or off the Company's premises while conducting company business. A report of a conviction must be made within seven (7) days after the conviction.
- 4.) The Company recognizes drug dependency as an illness and a major health problem. The Company also recognizes drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use our employee assistance program and health insurance programs. (Further information about these programs is available from the Personnel Department.) Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

I have read, understand and agree to the Company's Drug-Free Workplace Policy.

Print Name

Sign Name

Date

EMPLOYEE EMERGENCY NOTIFICATION FORM

In the event of an emergency, I the undersigned employee, authorize H J Martin and Son, Inc. (the "Company") to notify the following person:

Name: _____

Phone Number: _____

Address: _____

Relationship to Employee: _____

In the event you are unable to notify such person, (the Company) is authorized to notify:

Name: _____

Phone Number: _____

Address: _____

Relationship to Employee: _____

I understand and agree that (the Company) will have no obligation or liability to notify such persons.

Employee Signature

Date

Printed Employee Name