



MAGRUDER  
CONSTRUCTION CO.

243 WEST OUTER RD, EOLIA, MO 63344  
P: (573)485-2161 / F: (573)485-6701 FAX

Application for Employment An Equal Opportunity Employer

APPLICANT INFORMATION

Form with fields for Last Name, First, M.I., Date, Street Address, Apartment/Unit #, City, State, ZIP, Phone, E-mail Address, Date Available, Social Security No., Desired Salary, Position Applied for, and citizenship/work authorization questions.

EDUCATION

Form with fields for High School and College education, including From, To, Did you graduate?, YES/NO checkboxes, and Degree.

REFERENCES

Form with instruction 'Please list three professional references.' and three sets of fields for Full Name, Relationship, Company, Phone, and Address.

**SKILLS AND QUALIFICATIONS**

**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 <input type="checkbox"/>	NO <input type="checkbox"/>

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 <input type="checkbox"/>	NO <input type="checkbox"/>

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 <input type="checkbox"/>	NO <input type="checkbox"/>

Which Job did you like the best and why?

**MILITARY SERVICE**

Branch	
Rank at Discharge	From To
If other than honorable, explain	Type of Discharge

**DISCLAIMER AND SIGNATURE**

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.

Signature	Date
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# INFORMATION RELEASE FORM

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Magruder Construction Co., Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: \_\_\_\_\_

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

**TO ALL APPLICANTS**

The information below is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential except allowed for by the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Magruder Construction Co., Inc. is an Equal Opportunity Employer.

Please check the correct information.

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you:

A Vietnam Era Veteran \_\_\_\_\_ yes \_\_\_\_\_ no

Refers to persons who served on active duty with the armed forces for more than 180 days, between August 6, 1964 and May 7, 1975.

Handicapped \_\_\_\_\_ yes \_\_\_\_\_ no

Refers to persons with a physical or mental impairment that substantially limits them in one or more major life activities. Also includes those with a history of such impairments or those regarded as having one.

A Disabled Veteran \_\_\_\_\_ yes \_\_\_\_\_ no

Refers to persons entitled to compensation through the Veterans Administration for a disability rated at 30 percent or more or whose discharge was due to a disability incurred or aggravated in the line of duty.

Ethnic Information (please check one)

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_