MIKEN Builders, Inc.
19 Davidson Lane
New Castle, DE 19720
T: 302-656-2556
F: 302-656-1865

MIKEN Builders, Inc.
72 Cedar Drive
Millville, DE 19967
T: 302-537-4444
F: 302-537-4525

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

DATE: _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

NAME: _____
LAST MIDDLE FIRST

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ ARE YOU 18 YEARS OR OLDER? YES_____ NO_____

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION	YEARS ATTENDED
GRAMMAR SCHOOL		
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		

FORMER EMPLOYERS

DATE/MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION
FROM TO			
FROM TO			
FROM TO			

REFERENCES

NAME	ADDRESS	BUSINESS

(GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU)

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDRFED? _____ YES_____ NO_____

IF YES, PLEASE DESCRIBE _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE NO.

(OVER)

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULTS FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE: _____ SIGNATURE: _____

PLEASE LIST ANY ADDITIONAL COMMENTS YOU FEEL NECESSARY:

_____

_____

_____

_____

INTERVIEWED BY: _____ DATE: _____

HIRED: YES _____ NO _____ POSITION: _____

SALARY: _____ DATE REPORTING TO WORK: _____

DATE: _____ SIGNATURE: _____

APPLICATION FOR EMPLOYMENT VALID FOR A PERIOD OF THIRTY (30) DAYS FROM DATE OF APPLICATION.