



MEL LANZER CO.  
General Contractors



EEO Employer

2266 North Scott St., Napoleon, Ohio 43545 ♦ Phone: (419) 592-2801 ♦ Fax: (419) 599-2861 ♦ [www.mellanzer.com](http://www.mellanzer.com)

## Application for Employment

*The Mel Lanzer Company is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, marital status, religion, creed, national origin, ancestry, or handicap.*

Date of Application: \_\_\_\_\_ Date you are able to start: \_\_\_\_\_

Full Name: \_\_\_\_\_ Salary/Wage rate desired: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current full address: \_\_\_\_\_

*(Please include Street, City, State, and Zip Code)*

Previous address (if applicable): \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_

Are you authorized to work in the United States of America? Yes \_\_\_\_\_ No \_\_\_\_\_

### General Information

Have you ever applied to or been employed by our company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates: \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\*If we cannot inquire of your present employer, Please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed, does your employment require you to keep working, or restrict your activities after leaving your current employment, for any period of time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, until what date? \_\_\_\_\_

What position(s) are you applying for? \_\_\_\_\_

In case of emergency, name of person to contact: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Are you physically and mentally capable of performing the essential duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran of the U.S. Military Service(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch(es)? \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic violation, within the last seven (7) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE:** A conviction record will not necessarily be a bar to your employment. Factors such as age and type of offense, the seriousness and nature of the violation, and your rehabilitation will be taken into account.

Do you have a valid driver's license without restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you comfortable working from heights of 8ft. – 28ft? Yes \_\_\_\_\_ No \_\_\_\_\_

Night shift work (9pm – 6am) may be required. Shift premiums, per diems and hotel accommodations for out of town work are afforded to you by the company for extended durations when required to work beyond 75 miles from the office. Does regional travel and night shift work, when required, present any issues?

Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment History

*(List below your last three employers, beginning with your current or most recent employer)*

Date – Month and Year	Company Name & Address Phone No. & Contact	Wage/Salary Position Held	Reason for Leaving
From _____ To _____	_____ _____ _____	_____ _____	_____
From _____ To _____	_____ _____ _____	_____ _____	_____
From _____ To _____	_____ _____ _____	_____ _____	_____

## Education History

School	Name and Location	Years attended	Did you Graduate?
High School:	_____ _____ _____	_____ to _____	_____
Subjects Studied:	_____		
Trade/Tech School:	_____ _____ _____	_____ to _____	_____
Subjects Studied:	_____		
College:	_____ _____ _____	_____ to _____	_____
Subjects Studied:	_____		

## References

*(Give the names of three (3) people, not related to you, whom you have known for at least one year)*

Name	Address & Phone Number	Occupation and number of years acquainted
1. _____ _____	_____ _____ _____	_____ _____
2. _____ _____	_____ _____ _____	_____ _____
3. _____ _____	_____ _____ _____	_____ _____

\* This application will be kept on file for 120 days

## APPLICANT'S CERTIFICATION AND AUTHORIZATION

### PLEASE READ THIS STATEMENT CAREFULLY

I understand and agree that, if I am employed by **Mel Lanzer Company**, my employment is for no definite period of time and can be terminated, with or without cause or notice at any time, at the option of either **Mel Lanzer Company** or myself. I understand that no representative of Mel Lanzer Company other than an officer has any authority to enter into any agreement with me contrary to the foregoing, except that an officer of **Mel Lanzer Company** may do so in writing.

I further agree to take any lawful medical or honesty examination required by **Mel Lanzer Company** upon receiving a conditional offer of employment by **Mel Lanzer Company** or after I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may cause for termination of my employment. I further understand that **Mel Lanzer Company** may or will require a pre-employment drug test for illegal substances, and that **Mel Lanzer Company** will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I further understand that an employee who tests positive for illegal drugs or alcohol usage during working hours or who refuses to consent to drug and alcohol testing is subject to discharge.

I release all persons or companies conducting any lawful medical or honesty examination for any liability.

I also agree to take any lawful medical or honesty detection examination and I release all persons or companies conducting such examinations from any liability.

I certify that the facts contained in the Application are true and complete. I understand that if I become employed, any false information I may have provided on the Application shall be grounds for my immediate dismissal.

I also understand that I am required to abide by all the rules and regulations of **Mel Lanzer Company**.

Applicant's signature: \_\_\_\_\_

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

## Equal Employment Opportunity Information

The information supplied below is strictly voluntary and will in no way affect the processing of your employment status with this company. This information sheet will only be used for statistical purposes. Thank you for your cooperation.

<input type="text"/>	<input type="text"/>	<input type="text"/>	■	<input type="text"/>	<input type="text"/>	■	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SOCIAL SECURITY NUMBER

SEX  MALE

FEMALE

RACE  WHITE/NON-HISPANIC: *Persons having origins in any of the original peoples of Europe or the Middle East*

BLACK: *Persons having origins in any of the black racial groups of Africa*

HISPANIC: *Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race*

NATIVE AMERICAN OR ALASKAN NATIVE: *Persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition*

ASIAN/PACIFIC ISLANDERS: *Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands*

### DISABILITY

Are you an individual with physical or mental impairment which substantially limits one or more of your major life activities?

YES

NO

### VETERAN STATUS

Are you a Veteran?

YES

NO

Disabled Veteran

Vietnam-Era Veteran

Desert Storm/Shield Veteran