



ANDERSON, ECKSTEIN AND WESTRICK, INC.
Providing Solutions for People

Employment Application
We are an Equal Opportunity Employer

51301 Schoenherr Road, Shelby Township, MI 48315 Tel: 586-726-1234 Fax: 586-726-8780

What position are you applying for? Alternate position you would consider?

How did you hear about our company?

PERSONAL DATA

Name
 Address
 Telephone (Home)
 (Mobile).....
 Email.....
 Best time to reach you.....

In case of emergency, please notify

Name
 Address
 Telephone.....

- Yes No Are you over the age of 18?
- Yes No Are you a U.S. citizen? If no, specify entry document:
- Yes No Have you served in the Military? If yes, in what branch?
 From: To: Type of Discharge:
- Yes No If your job should require use of an automobile, do you have one available?
- Yes No Do you have any relatives currently employed by Anderson, Eckstein and Westrick? If yes, who?.....
- Yes No Have you ever worked for our firm? If yes, give dates and position held:
- Yes No Have you ever been convicted of a felony? If yes, give dates and explanation:
- Yes No Have you ever been suspended or discharged from employment? If yes, explain:

AVAILABILITY

Please indicate in the table below any hours you are **NOT** available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning: 6:00 a.m. to Noon							
Afternoon: Noon to 6:00 p.m.							
Evening: After 6:00 p.m.							

Preferences for work status: Full Time Part Time _____ Desired hours per week Intern Seasonal

Date available to start work:..... Notice period required:

EDUCATION AND TRAINING

Name of high school:.....

Did you graduate?

Yes

No

GED

Location:

College or Technical School	Dates Attended		Field of Study	Degree Obtained

Highest Degree Obtained: Associates Bachelors Masters Ph.D.

Professional or technical licenses, certifications, professional societies or memberships, etc. (list all):

SKILLS INVENTORY

The following skills inventory relates to various positions at our firm. Please check all items listed and provide software versions (v.). Please check the box according to your skill level by marking **box 1 for "no exposure", box 2 for "beginner," box 3 for "intermediate," box 4 for "advanced", box 5 for "expert"**.

1 2 3 4 5 Computer Skills:

1 2 3 4 5 Surveyor's Level - type:

1 2 3 4 5 Microsoft Excel, v.:

1 2 3 4 5 Trimble - type:

1 2 3 4 5 Microsoft Word, v.:

1 2 3 4 5 Surveyor's Total Station - type:

1 2 3 4 5 PowerPoint, v.:

1 2 3 4 5 GPS Equipment:

1 2 3 4 5 Databases - type:.....

1 2 3 4 5 Water Distribution Modeling:

1 2 3 4 5 AutoCAD, v.:.....

1 2 3 4 5 Stormwater Modeling:

1 2 3 4 5 MicroStation, v.:

1 2 3 4 5 Sanitary Sewer Modeling:

1 2 3 4 5 AutoDesk/Arch. Desktop:

1 2 3 4 5 Water Treatment Design:

1 2 3 4 5 AutoDesk/Land Dev. Desktop:

1 2 3 4 5 Waste Water Treatment Design:

1 2 3 4 5 ArcGIS for Desktop:

1 2 3 4 5 Stormwater Design:

1 2 3 4 5 ArcGIS Online:

1 2 3 4 5 Road Design:

1 2 3 4 5 Programming Languages:

1 2 3 4 5 Structural Design:

1 2 3 4 5 Other, v.:

REFERENCES

Name: Company: Phone:

Affiliation:

Name: Company: Phone:

Affiliation:

Name: Company: Phone:

Affiliation:

Name: Company: Phone:

Affiliation:

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list the last three positions you have held, including a summary of main duties performed.

Employer..... Dates Employed: From: To:
Type of Business Name of Supervisor.....
Street Address Starting Position Hourly/Base Salary.....
City, State ZIP..... Final Position Hourly/Base Salary.....
Telephone May we contact at this time? Yes No
Main Duties Performed:.....
Reason for Leaving:

Employer..... Dates Employed: From: To:
Type of Business Name of Supervisor.....
Street Address Starting Position Hourly/Base Salary.....
City, State ZIP..... Final Position Hourly/Base Salary.....
Telephone May we contact at this time? Yes No
Main Duties Performed:.....
Reason for Leaving:

Employer..... Dates Employed: From: To:
Type of Business Name of Supervisor.....
Street Address Starting Position Hourly/Base Salary.....
City, State ZIP..... Final Position Hourly/Base Salary.....
Telephone May we contact at this time? Yes No
Main Duties Performed:.....
Reason for Leaving:

Explanation for gaps of employment above:.....
.....

The facts set forth are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and that, if employed, false statements in this application shall be considered sufficient cause for dismissal. I further understand that certain positions offered within the firm may require a pre-employment physical examination by a firm-designated physician and that employment is contingent upon receipt of a satisfactory medical evaluation.

I hereby release Anderson, Eckstein and Westrick, Inc., and any prior employer from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by Anderson, Eckstein and Westrick, Inc.

I recognize that this application is not an offer for a contract of employment and that Anderson, Eckstein and Westrick, Inc. is an **“at will”** employer. I further recognize and agree that if I am employed by the firm, such employment will not result in a contract of employment and that the firm may terminate my services at any time for any reason or for no reason at all. I will receive wages and benefits and be subject to rules and regulations; but I agree that such wages, benefits, rules, and regulations are subject to change by the firm at any time with or without notice to me. My assigned work hours may be modified; and if requested, I will be required to work overtime. I further recognize and agree that nothing contained in any document published by the firm shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the firm or a partner of the firm, except by a written document signed by the President or CFO of this firm.

Signature: Date.....

NOTE: Your application will remain on file for a period of one (1) year from the date of the application.

FOR OFFICE USE ONLY - Applicants, please do Not write on this page

- Made Offer Recommend for Hire Recommend with Reservation Not Recommended at this Time

Best Position Suited for: Alternative Position Suited for:.....

Recommended Starting Pay: 60-Day Performance Adjustment:.....

Interviewed By: Date:

REFERENCE CHECK

Reference #1: Basic Information: Attitude:.....

Ability:

Reason for Separation:.....

Eligible for Re-hire:

Reference #2: Basic Information: Attitude:.....

Ability:

Reason for Separation:.....

Eligible for Re-hire:

Reference #3: Basic Information: Attitude:.....

Ability:

Reason for Separation:.....

Eligible for Re-hire:

FOR AN ACTUAL HIRE

Beginning Pay

Job Title Department:

Supervisor:

Start Date Time:

Time Analysis% 60-day Adjustment

Insurance Considerations

- Full Time
- Part Time 30+
- Part Time 20+
- Part Time less than 20
- Seasonal
- Intern

Comments

.....

.....
