



**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 ..... Social Security No. ....

Address ..... Driver's License No. ....

Telephone (Home) .....  
 (Mobile).....  
 (Alternate).....  
 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
<b>Morning: 6:00 a.m. to Noon</b>							
<b>Afternoon: Noon to 6:00 p.m.</b>							
<b>Evening: After 6:00 p.m.</b>							

Preferences for work status: Full Time Part Time \_\_\_\_ Desired hours per week Seasonal

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

CODE NO.

APPLICATION NO.

## 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"**.

- |   |   |
|---|---|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Keyboard Skill: .....      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Surveyor's Level - type: .....         |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Home PC: .....             | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Surveyor's Transit - type: .....       |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Office PC: .....           | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Surveyor's Total Station - type: ..... |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Microsoft Excel, v.: ..... | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 GPS Equipment: .....                   |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Microsoft Word, v.: .....  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Office Survey: .....                   |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 PowerPoint, v.: .....      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Water Distribution Modeling: .....     |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Databases - type: .....    | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Stormwater Modeling: .....             |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Land Desktop, v.: .....    | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Sanitary Sewer Modeling: .....         |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 MicroStation, v.: .....    | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Water Treatment Design: .....          |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ArcGIS: .....              | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Waste Water Treatment Design: .....    |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ArcInfo: .....             | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Stormwater Design: .....               |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Other, v.: .....           | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Road Design: .....                     |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Other, v.: .....           | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Structural Design: .....               |

## REFERENCES

Name: ..... Address: ..... Phone: .....

Affiliation: .....

Name: ..... Address: ..... Phone: .....

Affiliation: .....

Name: ..... Address: ..... Phone: .....

Affiliation: .....

Name: ..... Address: ..... Phone: .....

Affiliation: .....

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## 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 ..... Wage .....  
City, State ZIP ..... Final Position ..... Wage .....  
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 ..... Wage .....  
City, State ZIP ..... Final Position ..... Wage .....  
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 ..... Wage .....  
City, State ZIP ..... Final Position ..... Wage .....  
Telephone ..... May we contact at this time? Yes No  
Main Duties Performed:.....  
Reason for Leaving: .....

Summarize prior relevant experience and fill in periods of unemployment or periods not accounted for above. ....  
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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 co-signed by the President and Secretary of this firm.

Signature: ..... Date: .....  
By typing your name in the signature field, you are signing this employment application electronically. You agree your electronic signature is the legal equivalent of your manual signature.

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**

	1	2	3	4	5	6	7	8	9	10
APPEARANCE										
EDUCATION										
EXPERIENCE										
GENERAL KNOWLEDGE										
COMMUNICATION SKILLS										
ATTITUDE										
DIVERSIFICATION										
MATCH TO OPEN POSITION										
LEADERSHIP										
OVERALL RATING										
TOTAL										

APPLICANT BEST SUITED FOR ("5" = BEST)					
1	2	3	4	5	OFFICE ADMINISTRATION
1	2	3	4	5	GIS WORK
1	2	3	4	5	COMPUTER SYSTEMS
1	2	3	4	5	OFFICE SURVEY
1	2	3	4	5	FIELD SURVEY
1	2	3	4	5	CONSTRUCTION OBSERVATION
1	2	3	4	5	ARCHITECTURAL DESIGN
1	2	3	4	5	ARCHITECTURAL DETAILING
1	2	3	4	5	ENGINEERING DESIGN
1	2	3	4	5	ENGINEERING DETAILING

Comments: .....

.....

.....

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

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

Recommended Starting Pay: ..... 90-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 .....

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

Job Title ..... Department: .....

Supervisor: .....

Start Date ..... Time: .....

Time Analysis .....% 90-day Adjustment .....

Insurance Considerations .....

Comments .....

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