

**EMPLOYMENT APPLICATION**

**Bonnell Grain Handling, Inc.**

3191 E 800 S      Star City IN 46985  
Phone (574) 595-7827      Fax (574) 595-6827

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  
ARE YOU 18 OR OLDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_  
SALARY DESIRED \_\_\_\_\_ PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_  
ARE YOU PRESENTLY EMPLOYED \_\_\_\_\_  
NAME OF PRESENT EMPLOYER \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_  
(NAME & LOCATION/DATE OF GRADUATION)  
COLLEGE \_\_\_\_\_  
(NAME & LOCATION/DATE OF GRADUATION)  
TRADE SCHOOL \_\_\_\_\_  
(NAME & LOCATION/DATE OF GRADUATION)

**GENERAL**

List skills in areas of Concrete/Construction/Welding (Mig, Stick, Etc.) \_\_\_\_\_  
\_\_\_\_\_

Activities (Civic, Athletic, Etc.) \_\_\_\_\_

US MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

Are you comfortable working at various heights (6 ft. 12 ft. etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

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**FORMER EMPLOYERS**

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT FIRST)

1. \_\_\_\_\_  
STARTING & ENDING DATES      (REASON FOR LEAVING)

\_\_\_\_\_  
(NAME & ADDRESS OF EMPLOYER)      (POSITION)      (SALARY)

2. \_\_\_\_\_  
(STARTING & ENDING DATES)      (REASON FOR LEAVING)

\_\_\_\_\_  
(NAME & ADDRESS OF EMPLOYER)      (POSITION)      (SALARY)

3. \_\_\_\_\_  
(STARTING & ENDING DATES)      (REASON FOR LEAVING)

\_\_\_\_\_  
(NAME & ADDRESS OF EMPLOYER)      (POSITION)      (SALARY)

WHICH OF THESE JOBS DID YOU LIKE BEST \_\_\_\_\_  
WHY: \_\_\_\_\_

**REFERENCES**

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME      ADDRESS      TELEPHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

\_\_\_\_\_  
(NAME)      (ADDRESS)      (PHONE)

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I CERTIFY THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED OR IF I AM EMPLOYED, MY EMPLOYMENT COULD BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO REFORM TO THE COMPANY'S RULES AND REGULATIONS. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME. AT EITHER MINE OR THE COMPANY'S OPTION, I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE OR NOTICE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

HIRED \_\_\_\_\_ POSITION \_\_\_\_\_ RATE \_\_\_\_\_

DATE TO BEGIN EMPLOYMENT \_\_\_\_\_ DATE OF SAFETY TRAINING \_\_\_\_\_

FORMS RETURNED: \_\_\_\_\_ Application \_\_\_\_\_ Safety Manual \_\_\_\_\_ W-4