

GENERAL CONTRACTOR:



APPLICATION FOR EMPLOYMENT
"An Equal Opportunity Employer"
4038 3rd Ave. West
DICKINSON, ND 58601-8544
Telephone (701) 255-4431 Fax (701) 255-4433

Notice To Applicants
Screening tests for illegal drug use are required as a condition of employment.

Month / Day / Year

Last Name: First Name: Middle Name:

Street Address: City: State: Zip:

Cell Phone: Home Phone: Soc. Sec. No.:

Email Address:

Who referred you to this company?

- Private Placement Agency, College Placement Service, Walk In, Reply to Advertisement, State Employment Office, Personal Contact

Emergency Contact:

Name: Phone: Relationship:

Address:

ALL APPLICANTS MUST BE 18 YEARS OF AGE: DRIVERS MUST BE 21 YEARS OF AGE, ALL EMPLOYEES ARE SUBJECT TO ALCOHOL AND DRUG TESTING.

Position applying for: Laborer, Truck Driver, Operator, Other:

Valid Driver's License? Yes, No Give #: Class: State:

Have you ever been convicted for the following violations while operating either your own vehicle or those of others:

Table with 3 columns: Kind of Violation, Number of Times, Dates. Rows include Speeding, Intoxication, Reckless Driving, Other moving violations.

What kind of violation(s) were the other(s) from above, if any?

How many automobile accidents have you been in during the last five years (regardless of fault) while operating an automobile? _____ Give dates and explanation _____

Have you ever had your driver's license suspended? Yes No Date _____

Reason _____

Are you now required to file proof of insurance with the State Highway Department? Yes No

Do you have liability insurance on your personal automobile? Yes No

If so, Name of Insurance Company: _____

Last ICC Physical Date (If Applying for DOT Driver Position) _____

Do you have any physical or mental condition which may affect your job performance or safety?

Yes No IF YES, EXPLAIN: _____

Do you regularly take any prescription medicine or drugs which may affect your job performance or safety? Yes No IF YES, EXPLAIN: _____

Do you have any physical or mental disabilities that require reasonable accommodations?

Yes No IF YES, EXPLAIN: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

IF YES, EXPLAIN: _____

(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements)

Are you legally eligible for employment in this country? Yes* No

***Proof of Eligibility will be required upon employment.**

Any previous work injury? Yes No IF YES, EXPLAIN: _____

EDUCATION:

Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Degree Attained: _____

Special Training: _____

Special Skills: _____

Salary Expected \$ _____ Per _____

Looking For Full-time Part-time Employment

Date available to begin work: _____

Days Available For Work: SUN MON TUES WED THURS FRI SAT

Hours available for work From: _____ To: _____

Can you travel overnight if the job requires? Yes No

How much time would you be willing to work out of town? _____ Days _____ Weeks _____ Months

Are you willing to work on a part-time basis temporarily as a result of bad weather or shortage of work? Yes No

EXPERIENCE:

Any Certifications held: _____

Type of equipment qualified to operate: _____

PREVIOUS EMPLOYMENT - Start with your current or last job:		
1.		
Company		Phone
Address		Supervisor
Job Title	Monthly Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No		
2.		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No		
3.		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No		
4.		
Company		Phone
Address		Supervisor
Job Title	Monthly Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No		

5.		
Company		Phone
Address		Supervisor
Job Title	Monthly Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> Yes <input type="radio"/> No		

Relatives employed by Tooz? Yes No If yes, who? _____

Have you worked for this company before? Yes No If yes, where? _____

Dates worked: _____ Reason for leaving: _____

MILITARY INFORMATION

Are you a veteran? Yes No Branch: _____

Dates of Service: From _____ To _____

Type of Discharge: _____

I IDENTIFY MYSELF AS:

VETERAN OF THE VIETNAM ERA OR ANY OTHER VETERAN WHO SERVED ON ACTIVE DUTY DURING A WAR OR IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED

Yes No

A person who:

- (a) served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or
- (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or
- (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or
- (d) served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

INVITATION TO SELF-IDENTIFY-VOLUNTARY INFORMATION

This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. This order also requires Government contractors to take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed. The information provided will be used only in ways that are not inconsistent with Executive Order 11246, as amended.

Choose those that apply:

- Male Female
- White Black Hispanic
- Asian or Pacific Islander American Indian or Alaskan Native

NAME _____

If Done Online, by Typing Here, You Accept to Terms of an Electronic Signature

SIGNATURE _____ **DATE** _____

To determine my qualifications for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment.

This is an application for employment and no employment contract is being offered.

If I am employed, Tooz Construction, Inc., can change wages, benefits and conditions at any time. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

RELEASE AND AUTHORIZATION

I hereby authorize any employer, law enforcement agency, administrator, institution or private information bureau that has any record or knowledge of my workers' compensation, motor vehicle operation history, or criminal history to provide Tooz Construction, Inc., any such information. A telephone facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency including, but not limited to, North Dakota Department of Labor, Worker's Compensation Division.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will be advised and be given the name of the reporting agency or source of information.

If Done Online, by Typing Here, You Accept to Terms of an Electronic Signature

SIGNATURE

FULL NAME (Type or Print Legibly)

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

STATE DRIVER'S LICENSE ISSUED

