

17600 113th Avenue North Maple Grove, MN 55369 763-428-9110 • Fax (763) 428-9095

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
 Advertisement Employment Agency Relative 	Inquiry Other			
Last Name First Name		Middle Name		
Address Number Street	City	State	Zip	o Code
Telephone Number(s)				
Are you a member of a Union? If Yes, which Union			☐ Yes	🗌 No
Have you ever filed an application with us before? If Yes, give date			🗌 Yes	🗌 No
Have you ever been employed with us before? If Yes, give date			🗌 Yes	🗌 No
Do any of your friends or relatives, other than your spouse If Yes, state name, relationship and location			🗌 Yes	🗌 No
Are you currently employed?			🗌 Yes	🗌 No
May we contact your present employer?			🗌 Yes	🗌 No
Are you prevented from lawfully becoming employed in th country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon			🗌 Yes	🗌 No
Date available to work/ What is your of	desired salary rang	je?	_	
Are you available to work:	Part Time dicate dates available	// _)	
Are you currently on "lay-off" status and subject to recall?			🗌 Yes	🗌 No
Can you travel if a job requires it?			🗌 Yes	🗌 No
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EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates E	Work Performed				
Address	From	То				
Telephone Number(s)						
Starting/Present Job Title	Hourly Ra	ate/Salary				
Supervisor	Starting	Final				
Reason for Leaving			May we contact	🗌 Yes	🗌 No	
Employer	Dates E	mployed	Work Performed			
Address	From	То				
Starting/Present Job Title						
Telephone Number(s)	Hourly Ra	ate/Salary				
Supervisor	Starting	Final				
Reason for Leaving			May we contact	🗌 Yes	🗌 No	
Employer	Dates E	mployed	Work Performed			
Address	From	То				
Telephone Number(s)						
Starting/Present Job Title	Hourly Ra	ate/Salary				
Starting/Present Job Title Supervisor	Hourly Ra Starting	ate/Salary Final				
	-		May we contact	☐ Yes	□ No	
Supervisor	Starting			□ Yes Performed	_	
Supervisor Reason for Leaving	Starting	Final		_	_	
Supervisor Reason for Leaving Employer	Starting Dates E	Final		_	_	
Supervisor Reason for Leaving Employer Address	Starting Dates E From	Final		_	_	
Supervisor Reason for Leaving Employer Address Telephone Number(s)	Starting Dates E From	Final mployed To		_	_	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, professional, trade and business activities
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Describe any job-related training received in the United States military.

Sewer/Water	Yrs.	Excavator	Yrs.	Heavy Mechanic	Yrs.
Union	Yrs.	Front End Loader	Yrs.	Welder	Yrs.
Top Man	Yrs.	Dozer	Yrs.	Project Manager	Yrs.
Bottom man	Yrs	Skid steer	Yrs.	Project Engineer	Yrs.
Pipe layer	Yrs.	Motor Grader	Yrs.	Estimator	Yrs.
Foreman	Yrs.	Truck Driver	Yrs.	Other	Yrs.
Superintendent	Yrs.	Lowboy	Yrs.		

Please answer the following	:			
Have you worked with trench shields/boxes?	Yes	No	If so, number of years' experience	
Can you accurately set up lasers?	Yes	No	If so, number of years' experience	
Can you read plans accurately?	Yes	No	If so, number of years' experience.	
Do you have the required license(s) for the position you are applying for?	Yes	No	Type of Driver's License? A, B, D?	
List any additional information or qu	ualificati	ions th	at you feel may be helpfu	I to us in considering your application.

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.							
Name	Phone Number	Best Time To Call	Occupation				
1.							
2.							
3.							

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

We use E-Verify to validate your ability to work legally in the United States.

Minorities and females are encouraged to apply.

Signature of Applicant

Date

S.R. Weidema

AFFIRMATIVE ACTION FORM

Employees are treated during the hiring process and employment without regard to race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and *are not* a part of your Application for Employment or personnel file. Please note:

YOUR COOPERATION IS VOLUNTARY. Inclusion or exclusion of any data will not affect any employment decision.

Position f	or which you are app	olying						
Ethnic C	Prigin							
	White, Not of Hispa Black, Not of Hispa Hispanic			Asian or Pacific Isl American Indian/A Other				
Gender	Ma	le		E Female				
Veteran	Status							
	Nietnam-era vetera ng the Vietnam-era?		active duty	for more than 180		YES 🗌	NO	
Are you a	disabled veteran?					YES 🗌	NO	
	alifying veteran: Qualification:			Dates:				
Disabilit	у							
	ave a disability or an n the position for wh			ay limit your ability		YES 🗌	NO	
	equest that S.R. Weindate this condition?	dema, Inc., cons	ider any spe	cial arrangements to	•	YES 🗌	NO	
accommod	ase describe the jo lation or method or nerwise qualified.							
								_
								_
Name	Please Print			Date				_

Signature

EQUAL OPPORTUNITY EMPLOYER "DRUG FREE WORKPLACE"