



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?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)		Email			

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, work here?

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 this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

Date available to work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work:

☐ Full Time

☐ Part Time

☐ Temporary (Please indicate 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

EQUAL OPPORTUNITY EMPLOYER
"DRUG FREE WORKPLACE"

2/2/16

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 Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Starting/Present Job Title			
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

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

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

List Years of Experience at the following Crafts								
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 qualifications that you feel may be helpful to us in considering your application.				

PERSONAL/PROFESSIONAL REFERENCES <small>Do not include family members or past supervisors.</small>			
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

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 for which you are applying _____

Ethnic Origin

- | | |
|--|---|
| <input type="checkbox"/> White, Not of Hispanic Origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, Not of Hispanic Origin | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Gender ☐ Male ☐ Female

Veteran Status

Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? ☐ YES ☐ NO

Are you a disabled veteran? ☐ YES ☐ NO

Other qualifying veteran: _____
Qualification: _____ Dates: _____

Disability

Do you have a disability or any physical condition which may limit your ability to perform the position for which you have applied? ☐ YES ☐ NO

Do you request that S.R. Weidema, Inc., consider any special arrangements to accommodate this condition? ☐ YES ☐ NO

If yes, please describe the job-related functional limitations that result from the impairment and any special accommodation or method or procedures, which would allow you to perform the duties of the position for which you are otherwise qualified.

Name Please Print

Date

Signature