



APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

4038 3RD. AVE. WEST

DICKINSON ND 58601-8544

Telephone (701) 225-4431 Fax (701) 225-4433

Date _____

Name _____ Soc. Sec. No. _____

Last First Middle

Address _____

Street City State Zip

Cell Phone _____ Home Phone: _____

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

Do you have a valid driver's license? _____ Give # _____ Class _____ State _____

DRIVERS HISTORY

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

<u>Kind of Violation</u>	<u>No. of Times</u>	<u>Dates</u>
Speeding	_____	_____
Intoxication	_____	_____
Reckless Driving	_____	_____
Other moving violations	_____	_____
(What Kind) _____		

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

3. Have you ever had your driver's license suspended? _____ Date _____
Reason _____

4. Are you now required to file proof of insurance with the State Highway Department? _____

5. Do you have liability insurance on your personal automobile? _____ If so, Name of Insurance Company _____

6. Last ICC Physical Date _____
 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: _____

EXPERIENCE TRUCK DRIVING:

TYPES OF TRUCKS _____

OPERATION OF EQUIPMENT:

TYPES OF EQUIPMENT _____

EDUCATION

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Special Training _____

Special Skills _____

Salary Expected \$ _____ Per _____

Looking for () Full-time () Part-time Employment Date Available _____

Hours Available For Work SUN MON TUES WED THURS FRI SAT

FROM: _____ TO: _____

Are you legally eligible for employment in this country () YES* () NO

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

Can you travel overnight if the job requires?

How much time would you be willing to work out of town?

An unlimited amount of time: Yes _____ No _____

A few days at a time: Yes _____ No _____

One week at a time, usually home on weekends: Yes _____ No _____

Are you willing to work on a part-time basis temporarily as a result of bad weather or shortage of work?

Yes _____ No _____

PREVIOUS WORK EXPERIENCE- List below, beginning with most recent:

	Beginning Rate	Ending Rate	Reason for Leaving
Employer (address & phone)	From	To	
1. Name _____ Type of Work _____			
2. Name _____ Type of Work _____			
3. Name _____ Type of Work _____			
4. Name _____ Type of Work _____			

NAME _____

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.

SIGNATURE

FULL NAME (Type or Print Legibly)

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

STATE DRIVER'S LICENSE ISSUED

T:\0TOOZCON\FORMS\Appl#1.wpd