



Notice To Applicants

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

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 _____
- 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) _____		

- How many automobile accidents have you been in during the last five years (regardless of fault) while operating on automobile _____ Give dates and explanation _____
- Have you ever had your driver's license suspended? _____ Date _____
Reason _____
- Are you now required to file proof of insurance with the State Highway Department? _____

- Do you have liability insurance on your personal automobile? ____ 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?
- 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

- Type of trucks qualified to operate: _____
- Type of equipment qualified to operate: _____

PREVIOUS WORK EXPERIENCE- Start with your current or last job:

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. <u>Employer</u>	<u>Telephone Number</u>	<u>Supervisor Name</u>
<u>Type of Business</u>	<u>Address</u>	
<u>Job Title</u>	<u>Dates Employed (indicate months & years)</u> From: To:	<u>Average Hours Worked per Week</u>

<u>Duties:</u>			
<u>Monthly Salary:</u>		<u>Reason for Leaving or Reason for Considering Leaving if Still Employed</u>	
2.	<u>Employer</u>	<u>Telephone Number</u>	<u>Supervisor Name</u>
<u>Type of Business</u>		<u>Address</u>	
<u>Job Title</u>		<u>Dates Employed (indicate months & years)</u> From: To:	<u>Average Hours Worked per Week</u>
<u>Duties:</u>			
<u>Monthly Salary:</u>		<u>Reason for Leaving or Reason for Considering Leaving if Still Employed</u>	
3.	<u>Employer</u>	<u>Telephone Number</u>	<u>Supervisor Name</u>
<u>Type of Business</u>		<u>Address</u>	
<u>Job Title</u>		<u>Dates Employed (indicate months & years)</u> From: To:	<u>Average Hours Worked per Week</u>
<u>Duties:</u>			
<u>Monthly Salary:</u>		<u>Reason for Leaving or Reason for Considering Leaving if Still Employed</u>	
4.	<u>Employer</u>	<u>Telephone Number</u>	<u>Supervisor Name</u>
<u>Type of Business</u>		<u>Address</u>	
<u>Job Title</u>		<u>Dates Employed (indicate months & years)</u> From: To:	<u>Average Hours Worked per Week</u>
<u>Duties:</u>			
<u>Monthly Salary:</u>		<u>Reason for Leaving or Reason for Considering Leaving if Still Employed</u>	
5.	<u>Employer</u>	<u>Telephone Number</u>	<u>Supervisor Name</u>
<u>Type of Business</u>		<u>Address</u>	

<u>Job Title</u>	<u>Dates Employed (indicate months & years)</u> From: _____ To: _____	<u>Average Hours Worked per Week</u>
<u>Duties:</u> _____		
<u>Monthly Salary:</u>	<u>Reason for Leaving or Reason for Considering Leaving if Still Employed</u>	

- 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 _____ YES _____ NO
VETERAN WHO SERVED ON ACTIVE DUTY DURING
A WAR OR IN A CAMPAIGN OR EXPEDITION FOR
WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED

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 the 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.

- Circle those that apply:

MALE

FEMALE

WHITE

BLACK

HISPANIC

**ASIAN or
PACIFIC ISLANDER**

**AMERICAN INDIAN or
ALASKAN NATIVE**

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