

HASSLEN CONSTRUCTION COMPANY, INC.

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position Applying For: _____

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Social Security Number: _____

In case of accident, notify:

Name: _____ Telephone Number: _____

Address: _____

Education

School Name	Yrs. Attended	Degree or Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Apprenticeship or Internship:

Trade or Program	Yrs. Attended	Total Number of Hours
_____	_____	_____
_____	_____	_____

Specialized Training: _____

Previous Employment

(List present or most recent job first)

Dates	Employer	Title	Base Pay	Reason for Leaving
_____ to _____	_____	_____	_____	_____
Work Performed: _____				
_____ to _____	_____	_____	_____	_____
Work Performed: _____				
_____ to _____	_____	_____	_____	_____
Work Performed: _____				

References

_____	_____	_____
(Name)	(Phone)	(Relationship)
_____	_____	_____
(Name)	(Phone)	(Relationship)

DRIVING APPLICATION ADDENDUM

Drivers Licenses

(list all licenses held in the past 3 years and indicate those that are current)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied or had revoked or suspended any license, permit or privilege to operate a motor vehicle?

Yes No If yes, please give details on a separate sheet.

Driving Record

CLASS OF EQUIPMENT	DATES	APPROX. NUMBER OF TOTAL MILES
Automobile/Van/Pickup	_____ to _____	_____
Truck/Tractor	_____ to _____	_____
Bus	_____ to _____	_____
Heavy Equipment: (Specify Type	_____ to _____	_____

Accident Record for Past 3 Years

(If additional space is needed, use a separate sheet)

DATE	LOCATION	NATURE OF ACCIDENT	FATALITIES	INJURIES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a felony? Yes No If yes, explain on a separate sheet.

LIST SPECIAL TRAINING RELATED TO TRANSPORTATION:

Can you work out-of-town if the job requires it? Yes No

To be read and signed by applicant:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand, that if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize this company to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination and controlled substances and alcohol misuse test.

DATE: _____ **APPLICANT'S SIGNATURE:** _____

Hasslen Construction Company, Inc. is an Equal Opportunity Employer

APPLICANT SURVEY FORM

Last Name

First Name

Middle initial

Date

Position for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is *completely voluntary*. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original people of the Far East, southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability – Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

***This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying please notify us on some other manner.