

EMPLOYMENT APPLICATION

FRIESSEN CONSTRUCTION CO., INC.

APPLICANT INSTRUCTIONS

615 SOUTH MARION ROAD

SIOUX FALLS, SOUTH DAKOTA 57106

Phone (605) 332-6355 • Fax (605) 332-3546

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

_____ CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

_____ CITY STATE ZIP

1. Please read "APPLICANT NOTE".
2. Complete both sides of this form
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may have an attached "AFFIRMATIVE ACTION QUESTIONNAIRE". This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Are you at least 18 years of age? YES NO

Date of birth (optional) _____

Position applying for: Circle One

1. Laborer - Concrete 2. Laborer - Underground 3. Laborer 4. Truck Driver

5. Heavy Equipment Operator (specify Piece(s) of equipment) _____

6. Mechanic 7. Other _____

Date you can start work _____ Full time Summer only

SECURITY:

List states of residence for the past seven years. _____

YES NO Have you used any names or Social Security Numbers other than those on this page? If so, please describe below.

YES NO Have you been convicted of, or served time for a felony in the past seven years? If so, please describe below.

JOB RELATED SKILLS:

Note: Do not fill out any part of this section you believe to be non-job related.

YES NO If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State _____

YES NO Have you had any moving violations? Please describe:

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

EMPLOYMENT REFERENCES

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need.

MOST RECENT EMPLOYER

 YES NO

Are you currently working for this employer?

 YES NO

If yes, may we contact?

COMPANY NAME _____

CITY _____

STATE _____

PHONE NUMBER () _____

FROM _____ TO _____

DATES EMPLOYED _____

JOB TITLE _____

SUPERVISOR NAME _____

DUTIES _____

PER _____

SALARY _____ (HOURLY/WEEK/MONTH)

REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

COMPANY NAME _____

CITY _____

STATE _____

PHONE NUMBER () _____

FROM _____ TO _____

DATES EMPLOYED _____

JOB TITLE _____

SUPERVISOR NAME _____

DUTIES _____

PER _____

SALARY _____ (HOURLY/WEEK/MONTH)

REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____

CITY _____

STATE _____

PHONE NUMBER () _____

FROM _____ TO _____

DATES EMPLOYED _____

JOB TITLE _____

SUPERVISOR NAME _____

DUTIES _____

PER _____

SALARY _____ (HOURLY/WEEK/MONTH)

REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

COMMENTS

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

EMPLOYMENT REFERENCES

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____

DATE _____