



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application

Month

Day

Year



Position(s) applied for

Referral Source

- Advertisement
- Friend
- Relative
- Walk-In
- Employment Agency
- Other _____

Advertisement

Name

First Name

Middle Name

Last Name

Home Phone

Cell Phone

List all addresses at which you resided for 3 years prior to date of application.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How long at this address?

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How long at this address?

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How long at this address?

Have you filed an application here before?

- Yes
- No

If yes, give date.

Month

Day

Year



Have you ever been employed here before?

- Yes
- No

If yes, give date.

Month

Day

Year



Are you employed now?

- 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?

- Yes
- No

*Proof of citizenship or immigration status may be required upon employment.

On what date would you be available for work?

Are you available to work...

- Full-Time
- Part-Time
- Shift Work
- Temporary

Are you on a lay-off and subject to recall?

- Yes
- No

Can you travel if a job requires it?

- Yes
- No

List any reason known to you why you might be unable to perform consistently and promptly the position(s) you have applied for:

Have you been convicted of a felony within this last 7 years?

- Yes
- No

If yes, please explain.

State Driver's License Number

Expiration Date

Issuing State

CDL Endorsements

Medical Card?

Expiration Date

List all motor vehicle accidents in the last 3 years. Specify date, nature of accident, and any fatalities or injuries it caused.

List all violations of major vehicle laws other than parking during the last 3 years for which you were convicted or bond was forfeited.

Has your driver's license ever been revoked or denied?

- Yes
- No

If yes, indicate in detail all facts and circumstances.

References

Give name, address, and phone number of 3 references who are not related to you and are not previous employers.

Name

Last

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone

Name

Last

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone

Name

Last

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone

Employment Experience

Start with your present or last job.

***List all types of equipment operated including trucks, truck tractors, semi trailers, full trailers, and types of construction equipment. Indicate the nature of work performed and the number of years or months operated.**

Employer

Phone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Job Title

Supervisor

Starting Date

Month

Day

Year



Ending Date

Month

Day

Year



Reason for Leaving

Starting Hourly Rate/Salary

Ending Hourly Rate/Salary

Work Performed and Equipment Operated:

Employer

Phone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Job Title

Supervisor

Starting Date

Month

Day

Year



Ending Date

Month

Day

Year



Reason for Leaving

Starting Hourly Rate/Salary

Ending Hourly Rate/Salary

Work Performed and Equipment Operated:

Employer

Phone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Job Title

Supervisor

Starting Date

Month

Day

Year



Ending Date

Month

Day

Year



Reason for Leaving

Starting Hourly Rate/Salary

Ending Hourly Rate/Salary

Work Performed and Equipment Operated:

Physical History and Job Skills

Do you have any physical condition which may limit your ability to perform the job for which you have applied?

- Yes
- No

If yes, what can be done to accommodate your limitations?

Can you lift and carry at least 75 pounds?

- Yes
- No

Are you willing to take a physical examination and drug screen?

- Yes
- No

Do you have experience pouring and/or finishing concrete?

- Yes
- No

Are you afraid of heights?

- Yes
- No

Do you have experience in erecting metal buildings?

- Yes
- No

Can you read a measuring tape?

- Yes
- No

Can you properly operate a screw gun, drill, and/or other handheld power tools?

- Yes
- No

Do you have experience operating power saws?

- Yes
- No

Can you read and understand blueprints?

- Yes
- No

Do you have experience in operating forklifts?

- Yes
- No

Have you ever been certified or have safety training on any kind of lift?

- Yes
- No

Do you have experience in operating loaders and/or backhoes?

- Yes
- No

Do you have experience operating bobcats and/or skid steers?

- Yes
- No

Education

ELEMENTARY

School Name

Years Completed:

- 4
- 5
- 6
- 7
- 8

*Check all that apply

HIGH

School Name

Years Completed:

- 9
- 10
- 11
- 12

*Check all that apply

Diploma

COLLEGE/UNIVERSITY

School Name

Years Completed:

- 1
- 2
- 3
- 4

*Check all that apply

Degree

Describe Course of Study

GRADUATE/PROFESSIONAL

School Name

Years Completed:

- 1
- 2
- 3
- 4

*Check all that apply

Degree

Describe Course of Study

APPLICANT'S STATEMENT

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 authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release Casper's Construction and D-K Contracting Corporation

from any and all liability concerning collection and use of information. In accordance with the regulations of the Motor Carrier Safety Administration, the information contained in this application may be used and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information. I understand that Nebraska is an at-will employment state. An employee may be fired for any reason so long as it is not discriminatory or retaliatory. However, an employer may not treat protected class members differently than non-protected class members in the terms, conditions and privileges of employment. I understand that this application is not and is not intended to be a contract of employment.

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 Company.

Signature of Applicant

Date

Month

Day

Year



APPLICANT DATA RECORD

Caspers Construction and D-K Contracting Corporation provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Caspers Construction and D-K Contracting Corporation comply with applicable state and local laws governing nondiscrimination in employment.

As employers/government contractors, we comply with government regulations, including e-verify, and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Date

Month

Day

Year



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Advertisement

Name

First Name

Middle Name

Last Name

Phone

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Social Security Number

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on age, sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Date of Birth

Month

Day

Year



Gender:

- Male
- Female

Race/Ethnic Group:

- White
- Black
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander

Vietnam Era Veteran

- Vietnam Era Veteran

Check if any of the following are applicable:

- Disabled Veteran
- Vietnam Era Veteran
- Handicapped Individual

If Veteran status:

Discharge Date

Month

Day

Year



Federal Job Category

Reporting State

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This

information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Disabled Veteran
- Vietnam Era Veteran
- Handicapped Individual

Signature
