



APPLICATION FOR EMPLOYMENT

3030 24th Avenue South, Moorhead, Minnesota 56560 Phone (218)284-9500

We consider applicants for all positions without regard to race, color, creed, religion, sex, sexual orientation, age, disability, national origin, marital status, status with regard to public assistance, or physical or mental handicap or any other legally protected status, which does not prevent satisfactory performance of work.

(PLEASE PRINT)

Position Applied For:	Date of Application:
-----------------------	----------------------

How Did You Learn About Us?	Employee Referred	
Advertisement Friend Walk In		(Please list Employee)
Employment Agency Relative Other		

Last Name	First Name	Middle Name	
Current Street Address	City	State	Zip Code Yrs at Residence
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If yes, give date: _____	Yes	No
Have you ever been employed with us before? If yes, give date: _____	Yes	No
Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No
Are you legally eligible to work in the United States? (Proof of eligibility will be required upon employment.)	Yes	No
On what date would you be available for work? _____		
Can you travel if a job requires it?	Yes	No
Have you been convicted of a felony or any criminal offense within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)	Yes	No
If yes, please explain _____ _____		

Have you ever had any job related training in the United States Military?	Yes	No
If yes, please explain _____ _____		

EDUCATION	SCHOOL NAME AND LOCATION	YEARS COMPLETED	DIPLOMA AND/OR DEGREE	COURSE OF STUDY
HIGH SCHOOL				
BUSINESS OR VOCATIONAL				
COLLEGE				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, OR EXTRA CURRICULAR ACTIVITIES	
DESCRIBE ANY HONORS YOU HAVE RECEIVED	
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION	

List Professional, trade, business or civic activities and offices held
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status _____

DRIVERS LICENSE INFORMATION
Drivers Licenses (List each unexpired)

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES TO	DATES TO	APPROX. NUMBER MILES	OF

EQUIPMENT EXPERIENCE

TYPE OF EQUIPMENT	HOURS OF EXPERIENCE	INSTALLATION OF
Finish Cat		
Backhoe		
Trencher		
Vibrator Plow		
Skid Loader		
Boring Equipment		

Please list types of Boring Equipment: _____

Please list any other equipment you have operated (Trucks, Truck Tractors, Semi Trailers, Full Trailers, Pole Trailers, 1 Ton Trucks, Aerial Truck Devices, etc.): _____

Have you worked with Fiber? Yes No Do you have experience locating fiber? Yes No

REFERENCES

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

- 1 _____
- 2 _____
- 3 _____

EMPLOYMENT EXPERIENCE**(Must cover last 3 years - *CDL Drivers must cover last 10 years)**

Start with your present or last job. Include any job related military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or protected status. If more space is needed, please attach a separate sheet.

EMPLOYER	DATES EMPLOYED From _____ To _____	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY Starting: _____ Final: _____	
TELEPHONE	SUPERVISOR	
JOB TITLE	REASON FOR LEAVING	
EMPLOYER	DATES EMPLOYED From _____ To _____	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY Starting: _____ Final: _____	
TELEPHONE	SUPERVISOR	
JOB TITLE	REASON FOR LEAVING	
EMPLOYER	DATES EMPLOYED From _____ To _____	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY Starting: _____ Final: _____	
TELEPHONE	SUPERVISOR	
JOB TITLE	REASON FOR LEAVING	
EMPLOYER	DATES EMPLOYED From _____ To _____	WORK PERFORMED
ADDRESS	HOURLY RATE/SALARY Starting: _____ Final: _____	
TELEPHONE	SUPERVISOR	
JOB TITLE	REASON FOR LEAVING	

CDL DRIVERS ONLY - PLEASE COMPLETE THIS PORTION:

Date of Birth _____/_____/_____

Residence (last 3 years)

Street Address: _____ Month/Year _____
 City: _____ State: _____ Zip Code: _____
 Street Address: _____ Month/Year _____
 City: _____ State: _____ Zip Code: _____
 Street Address: _____ Month/Year _____
 City: _____ State: _____ Zip Code: _____

Violations (convictions for the last 3 years)

Date: _____ Type of Violation: _____
 Date: _____ Type of Violation: _____
 Date: _____ Type of Violation: _____
 Date: _____ Type of Violation: _____
 Date: _____ Type of Violation: _____
 Date: _____ Type of Violation: _____

Accident Record for Past 3 Years or More

Dates	Nature of Accident (Head on, Rear End, Etc.)	Fatalities	Injuries

***Please attach your Driving Record (available from local police department)**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit, privilege ever been suspended or removed? Yes No

If you answered yes to the above question, please detail on lines below. If you answered no, please write this statement below:
 "No such denial, revocation, or suspension of license or permit has occurred." _____



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

In the event of employment, I understand that deliberate falsification; misrepresentation or omissions of fact given in my application or interview(s) may result in immediate discharge.

I authorize you to contact my former employers (unless otherwise noted), and/or other references provided regarding pertinent information, personal or otherwise. I release all parties from liabilities for any damage, which results from furnishing this information.

I understand that neither this document nor any offer of employment from this employer is intended to imply or create an employment contract unless the employer in writing executes a specific document to that effect. I further understand that, if hired, my employment is at will and I can be terminated at any time, with or without cause or notice for any reason. I also understand, if hired, I can terminate my employment at any time and for any reason.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER