

# APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED



## GENERAL INFORMATION

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box                      City                      State                      Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Date you are available for work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Are you either a U.S. Citizen or permitted under your present visa or immigration status to work in this country? \_\_\_\_\_ (Y / N)

NOTE: Proof of identity and ability to lawfully work in this country is required prior to or immediately upon employment.

## COMPANY INFORMATION

Position Applied For \_\_\_\_\_ Referred by \_\_\_\_\_

Have you worked for Comstock before? \_\_\_\_\_ If yes, dates employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate	Course or Major
College			
Technical School			
High School			
Other <i>(specify)</i>			

## OCCUPATIONAL LICENSE / CERTIFICATES / APPRENTICESHIP TRAINING

Certificate / Course Name	Organization / Company	Completion Date

## AFFILIATIONS

Organization Name	Address	Phone Number	Position

## EMPLOYMENT EXPERIENCE

List All Present and Past Employment, Beginning With Most Recent

Employer: \_\_\_\_\_ Address (City, ST, Zip) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Address (City, ST, Zip) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_

Employer \_\_\_\_\_ Address (City, ST, Zip) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Address (City, ST, Zip) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Duties / Responsibilities \_\_\_\_\_

## REFERENCES

Give name, address and telephone number of three personal references that are Not Related to You.

	Name	Address (City, ST, Zip)	Telephone #	Relationship
1				
2				
3				

**ATTENTION: DO NOT COMPLETE THIS PAGE IF APPLYING FOR AN OFFICE POSITION!**

**JOB RELATED INFORMATION**

Check the appropriate box on the information listed below

Are you certified in CPR (Cardiopulmonary Resuscitation)?  Yes  No  
 Are you certified in First Aid?  Yes  No  
 Are you EMT (Emergency Medical Technician) certified?  Yes  No  
 Do you have an OSHA 10 hour card?  Yes  No  
 Do you have an OSHA 30 hour card?  Yes  No

**PHYSICAL DEMANDS**

The job requirements include but are not limited to the tasks listed below.  
 Some of the tasks may require repetitive motion for a relatively short period of time.

Work on your feet in excess of 8 hours per day?  Yes  No  
 Lift and/or carry in excess of 50 lbs?  Yes  No  
 Lift and/or hold items in excess of 25 lbs. overhead for holding, fastening or attaching?  Yes  No  
 Work with your hands overhead for holding, fastening or attaching items?  Yes  No  
 Work in a kneeling position?  Yes  No  
 Can you perform the essential functions of this job with or without reasonable accommodation?  Yes  No

**DRIVER'S LICENSE INFORMATION**

Do you have a current driver's license? \_\_\_\_\_ If yes, please list below.

Drivers Licenses	State	License Number	Type / Class	Expiration Date

Endorsements(s)  Combination Tanker  Hazardous Materials  
 Double & Triple Trailers  Tanker Vehicles

**ACCIDENT RECORD FOR PAST 3 YEARS – Note: Attach separate sheet for any accidents beyond 3 years.**

	Date	Nature of Accident <i>(Head-On, Rear-End, Etc)</i>	Fatalities	Injuries
Last Accident				
Previous				
Previous				

**TRAFFIC CONVICTIONS and FORFEITURES FOR PAST 3 YEARS (other than parking violations) (Attach separate sheet if needed)**

Location	Date	Charge	Penalty

Have you ever had a license, permit or privilege to operate a motor vehicle denied, suspended or revoked? *If yes, explain.*

**DRIVING EXPERIENCE**

	Type of Equipment <i>(Van, Tank, Flat, Etc)</i>	From	To	Aprox. # of Miles <i>(Total)</i>
Class of Equipment				
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Other <i>(Specify)</i>				

## TO BE READ AND SIGNED BY APPLICANT

I Understand that this application form is intended for use in evaluating my qualifications for employment. This is not an employment contract. Any and all information included herein is subject to verification by Comstock Construction at any time before and after employment.

I authorize Comstock Construction, during the application process or at any time after I am employed to contact a verification of my education, previous employment and/or work history, motor vehicle records and personal references. I understand Comstock Construction has a drug and alcohol testing policy and that at anytime, I may be required to submit the required specimen. I do hereby consent to the drug and/or alcohol test and agree to fully cooperate.

I do hereby agree to forever release Comstock Construction and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint filed with any agency arising from the lawful retrieving of reporting of information.

I understand that no manager or representative of the company, other than the company president and then only by written contract specifically executed for that purpose, has the authority to enter into any agreement for a specified period of time or to make any representations upon which I should rely other than that the employment relationship if entered into is terminable at the will of either party at any time.

I understand that any offer of employment is contingent upon my submitting necessary proof of identity and legal authorization to work in the United States.

I certify that all statements made on this application are true and complete to the best of my knowledge and without mental reservation. I understand that any misrepresentation or omission of information or facts included herein, may constitute grounds for rejection of employment, or if hired, grounds for immediate termination. I further understand that it is my responsibility to submit a new application in accordance with the company's practices at that time.

*In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

*Comstock Construction Inc. is an Equal Opportunity Employer*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Locations

Wahpeton Office	280 South 11 <sup>th</sup> Street	Wahpeton, ND 58075	(701)642-3207	Fax (701)642-6908
Fergus Falls Office	1003 Progress Drive	Fergus Falls, MN 56538	(218)739-5365	Fax (218)739-2307
Fargo Office	4511 15 <sup>th</sup> Ave NW	Fargo, ND 58102	(701)277-3274	Fax (701)277-3256