



3527 Branch Rd  
 Princeton, MN 55371  
 Phone: (763)389-2827  
 Email: info@westbranchconstruction.com  
[www.westbranchconstruction.com](http://www.westbranchconstruction.com)

Date \_\_\_\_\_

## EMPLOYMENT APPLICATION

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

Last Name		First Name		Middle Initial
Address		City	State	Zip
Previous Address(If above is less than 3 years)		City	State	Zip
Home Telephone		Cell Phone	Email	
Position(s) Applying For			Rate of Pay Expected	
Type of Position Desire <input type="checkbox"/> FULL TIME    or <input type="checkbox"/> PART TIME			<input type="checkbox"/> YEAR-ROUND    or <input type="checkbox"/> SEASONAL	

How did you learn about our company? \_\_\_\_\_ If Referral, by who? \_\_\_\_\_

- YES     NO    Are you currently employed?
- YES     NO    May we contact your present employer?
- If yes, please give contact info: \_\_\_\_\_
- YES     NO    Have you ever filed an application with us before?
- YES     NO    Have you worked for this company before? If yes, dates \_\_\_\_\_
- YES     NO    If you are under 18 years of age, can you provide the required proof of eligibility to work?
- YES     NO    Do you possess a valid driver's license?
- YES     NO    Do you have the legal right to work in the United States?
- YES     NO    Is there any reason you might be unable to perform the functions of the job for which you have applied, including but not limited to, the ability to lift 75 pounds occasionally?

If yes, explain if you wish. \_\_\_\_\_

### EDUCATION

Name and Location of High School, College, University and Technical School	Did you Graduate?	Degree or Certificate	Major or Subject
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

### MILITARY STATUS

YES     NO    Have you served in the US Armed Forces? Branch \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code.

List employers starting with the most recent. Add another sheet as necessary.

PRESENT OR MOST RECENT EMPLOYER				DATE			
Company Name				FROM MO	YR	TO MO	YR
Address		City	State	Zip	POSITION HELD		
Contact Person		Phone Number		SALARY/WAGE			
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Job Duties							

Company Name				FROM MO	YR	TO MO	YR
Address		City	State	Zip	POSITION HELD		
Contact Person		Phone Number		SALARY/WAGE			
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Job Duties							

Company Name				FROM MO	YR	TO MO	YR
Address		City	State	Zip	POSITION HELD		
Contact Person		Phone Number		SALARY/WAGE			
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Job Duties							

Company Name				FROM MO	YR	TO MO	YR
Address		City	State	Zip	POSITION HELD		
Contact Person		Phone Number		SALARY/WAGE			
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Job Duties							

## EXPERIENCE AND QUALIFICATIONS - DRIVER

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you even been denied a license, permit, or privilege to operate a motor vehicle?     YES     NO

B. Has any license, permit or privilege ever been suspended or revoked?     YES     NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE** if none, write **NONE**

TYPE OF VEHICLE	DATES		APPROX. NO. OF MILES (TOTAL)
	FROM (M/Y)	TO (M/Y)	

List states operated in for the last five years \_\_\_\_\_

**ACCIDENT RECORD for the past 3 years** (attach sheet in more space is needed) if none, write **NONE**

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	INJURIES	FATALIIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years** (other than parking violations) if none, write **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

I am aware that a consumer report (motor vehicle record) will be obtained on me in the course of consideration for employment and at times throughout my employment.

I hereby authorize, without reservation, any party, state or agency contacted by WEST BRANCH CONSTRUCTION CO., to furnish the above mentioned information.

I hereby authorize procurement of consumer report(s). If hired this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE FOR DL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – EQUIPMENT AND LABOR

LIST TYPES OF EQUIPMENT YOU CAN OPERATE	YEARS OF EXPERIANCE

List courses and training other than shown elsewhere in this application \_\_\_\_\_

\_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and extra-curricular activities \_\_\_\_\_

\_\_\_\_\_

Please tell us about past labor experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please provide 3 current or former supervisors who are familiar with your qualifications, actual work history and ability.		
Name	Present Address	Phone

I understand that before a final job offer is made, I may be asked to arrange personal reference calls with former supervisors and others.

SIGNATURE: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

**TO BE READ AND SIGNED BY APPLICANT**

**I understand and agree that:**

- Although management makes every effort to accommodate individual preferences, business needs may at any time make the following conditions mandatory: overtime, shift work, weekend, evening work or winter work.
- I understand that I am employed in an "at will" state, and employment is for no definite period of time and that West Branch Construction Co. can change wage, benefits and employment conditions at any time. The Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.
- If a job offer is made by the company, I agree to submit to a post-offer, pre-employment physical examination, fit for duty test and drug screening test as a condition of employment. I understand that an offer of employment is conditioned upon the results of said testing being satisfactory to the company.
- I understand that any misrepresentation, material omission, or false/misleading information supplied on my application or during my interview may result in the cancellation of this application or my immediate termination of employment.
- My signature authorizes West Branch Construction Co. to make such investigation and inquires of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons for all liability in responding to inquiries in connection with my application. I authorize said companies, schools or persons named in this employment application to release information regarding my employment, academic records, character and qualifications.
- I authorize said companies to release information from my DOT regulated drug & alcohol testing records. I authorize release of alcohol tests, positive drug tests, refusals to test, other violations of DOT agency regulations, documentation of completion of the return-to-duty following a rule violation, any other information obtained from previous employers of a drug & alcohol rule violation.
- I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contracted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).
- I understand that I have the right to review information provided by current/previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- I understand that nothing contained in this employment application or in the granting of an interview creates a contract between West Branch Construction Co. and me for employment or for any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon West Branch Construction Co.
- If a conditional offer of employment is extended to me by West Branch Construction Co., I understand I may be asked to authorize a background check, which may include a motor vehicle, criminal, education, employer verification and/or a credit check based on the position for which I am being considered.

**I have read and understand the above. I also certify that answers given herein are true and complete to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: All personnel records are kept confidential and are not released to anyone without written authorization.

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*





