



**S.M. Hentges & Sons**

650 Quaker Avenue, Suite 200  
Jordan, MN 55352  
952.492.5700 • Fax 952.492.5705

# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

## Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Are you a U.S. Citizen or otherwise authorized to perform work in the U.S.?      Yes      No

## Employment Desired

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?    Yes    No    If so may we inquire of your present employer \_\_\_\_\_

Ever applied to this Company before?    Yes    No    If so when? \_\_\_\_\_

Referred By: \_\_\_\_\_ Name & Department \_\_\_\_\_

Will you abide by the policies, procedures and rules of this company      Yes      No

If injured, will you accept the medical facilities recommended by your employer?    Yes    No

## Education

Grade/High School – Last Completed \_\_\_\_\_ Graduated?    Yes \_\_\_\_ No \_\_\_\_

College      Yes \_\_\_\_ No \_\_\_\_      Course of study \_\_\_\_\_ Graduated?    Yes \_\_\_\_ No \_\_\_\_

Vocational School      Yes \_\_\_\_ No \_\_\_\_      Course of study \_\_\_\_\_ Graduated?    Yes \_\_\_\_ No \_\_\_\_

Training/Apprenticeships yes \_\_\_\_ No \_\_\_\_      Course of study \_\_\_\_\_ Graduated?    Yes \_\_\_\_ No \_\_\_\_

Special Skills: \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_

### Former Employers

NOTE: DOT requires that employment for at least 3-years and/or commercial driving experience for the past 10-years be shown

Date Month/ Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

### References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquaintance

**\*DOT APPLICANTS ONLY\***

### Drivers License Information

State	Licenses Number	Type	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From:	Date To:	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor / Two Trailers				
Other				

### Accident record for past 3-years or more

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			
Next Previous			

### Traffic Convictions and forfeitures for the past 3-years (other than parking violations)

Location	Date	Charge	Penalty

- A. Have you ever 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, attach a statement giving details**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that alcoholic beverages or drugs are forbidden from the job site and also understand that use of alcohol or drugs may be grounds for discharge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wage and salary be terminated at any time without prior notice and without cause.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notification of Drug Test Requirement**  
**S.M. Hentges & Sons, Inc.**

As an employer concerned with the safety of its employees, the general public and the users of the nation's highways.

If you meet all of the company, federal and state pre-employment requirements, and job offer is made where duties include laborer, operating company trucks, equipment and/or office help, you will be required to take a test to determine the presence of illegal drugs. The tests are capable of detecting trace amounts of drugs for up to thirty-days following use.

A negative drug test report must be received in order to be considered for employment.

The drug policy is available in the office. Please contact the payroll department if you wish to review it.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**DOT APPLICANTS ONLY**

**Acknowledgement of Employer's Right and Need for MVR Information**

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

The employee (undersign) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the employee acknowledges and agrees that the employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records herein specified.

Employee Driver License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Employer \_\_\_\_\_

This form authorizes employer to check my motor vehicle record periodically without further consent. This authorization expires upon termination of my employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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An Equal Opportunity, Affirmative Action Employer  
**Applicant Survey Form**

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Last name

First name

Middle initial(s)

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Date

Position(s) for which you are applying

**Please read carefully:** As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form. Providing this information is **completely voluntary**. If you choose not to provide some or all this information, you will not be subject to any negative or adverse treatment. The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**Race/Ethnicity – Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Disability - Are you a person with a disability?**

- Yes
- No

**Sex – Select one**

- Female
- Male

**Veteran Status – Select one**

- Yes
- No

\*This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

# Voluntary Self-Identification of Veterans

## Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

## Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name / Z#

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.