

TULL COMPANIES

EMPLOYMENT APPLICATION FORM

ALL NEW EMPLOYEES WILL BE TESTED FOR DRUGS AND ALCOHOL

FIRST NAME: _____ MIDDLE: _____ LAST: _____
PHYSICAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOW LONG AT CURRENT ADDRESS? _____
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE): _____
CITY: _____ STATE: _____ ZIP: _____
PREVIOUS ADDRESS: _____
FROM _____ TO _____
PHONE (_____) _____ EMAIL: _____
EMERGENCY CONTACT: NAME _____ PHONE (_____) _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
DATE AVAILABLE FOR WORK: _____ POSITION APPLIED FOR: _____
SALARY DESIRED: _____ EMPLOYMENT DESIRED _____ Full-Time _____ Part-Time _____ Temp

NCCCO CERTIFICATIONS: _____

EDUCATION	Location	Did you Graduate?	Major
High School			
College			
Trade, Business or Correspondence School			
Other (specify)			

Are you legally eligible to work in the US? _____ Yes _____ No
Are you over the age of 18? _____ Yes _____ No
Are you available to work overtime hours and Saturdays? _____ Yes _____ No
Can/will you travel if required by this position? _____ Yes _____ No
Have you ever been convicted of a **FELONY**? _____ No _____ Yes
If yes, please explain: _____

Do you have a valid driver's license? _____ Yes _____ No
Driver's License Number _____ State of issue _____ CDL? _____ Yes _____ No
Endorsements _____
Have you had any accidents during the past three years? _____ Yes _____ No How Many? _____
Have you had any moving violations during the past three years? _____ Yes _____ No How Many? _____
Are you proficient at pulling a trailer? _____ Yes _____ No _____ Somewhat

Military Experience:

Branch of Service: _____ Dates Served: _____
Rank at Discharge: _____
Education & Training: _____

Describe construction Experience:

Describe equipment you are familiar with:

Work Experience: Please list your work experience for the **past five years** beginning with your recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer: _____ Employment Dates: _____
Address: _____ Phone: _____
Name of Supervisor: _____ Your Last Job Title: _____
Pay or Salary: Start _____ Final _____
May we contact employer prior to hiring? _____ Yes _____ No
Reason for Leaving (be specific)? _____
List of jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer: _____ Employment Dates: _____
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References: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years known/Relationship
1		
2		
3		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Tull Companies (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Tull Companies or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Tull Companies may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as random and/or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further, that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



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**AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER**