

# C.C.C., Inc.

## COMMERCIAL CONTRACTORS COMPANY

631 CENTRAL AVENUE SOUTH  
 PO BOX 125  
 MELROSE, MN 56352

Phone: (320) 256-7422  
 Fax (320) 256-7699

### APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Numbers Home: _____			Cell: _____		Social Security Number 

Position Applied For	Date of Application
How Did You Learn About us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Best time to contact you is \_\_\_\_\_:\_\_\_\_\_ AM / PM

Have you ever filed an application with us before?  Yes     No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes     No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes     No  
 If Yes, state name and relationship \_\_\_\_\_

Are you currently employed?  Yes     No

May we contact your present employer?  Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes     No  
Proof of citizenship or immigrations status will be required upon employment.

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_      What is your desired salary? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

This job requires working at least two weekends a month, are you able to accommodate?  
 If No, Please explain \_\_\_\_\_  Yes  No

This job requires traveling, are you able to accommodate?  
 If No, Please explain \_\_\_\_\_  Yes  No

**EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate				
Graduate/ Professional				
Other (specify)				

**WORK EXPERIENCE** (Start with your present or last job)

Employer	Dates Employed	Work Performed
Address		
Telephone Numbers	Start Date	
Position	End Date	
Supervisor	Hourly Pay/ Salary	
Reason for Leaving	Starting	
	Final	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer	Dates Employed	Work Performed
Address		
Telephone Numbers	Start Date	
Position	End Date	
Supervisor	Hourly Pay/ Salary	
Reason for Leaving	Starting	
	Final	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer	Dates Employed	Work Performed
Address		
Telephone Numbers	Start Date	
Position	End Date	
Supervisor	Hourly Pay/ Salary	
	Starting	

Reason for Leaving	Final	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer	Dates Employed	Work Performed
Address	Start Date	
Telephone Numbers	End Date	
Position	Hourly Pay/ Salary	
Supervisor	Starting	
Reason for Leaving	Final	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

**Comments:** Please explain any gaps in employment.


**Describe any specialized training, skills or qualifications.** (Summarize special job-related skills and qualifications from employment or other experiences)


**PERSONAL/PROFESSIONAL REFERENCES** (do not include family members)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK**

I hereby give my permission to release my Criminal Background Report to Commercial Contractors Co., Inc.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANTS AUTHORIZATION FOR MOTOR VEHICLE REPORT**

I hereby give my permission to release by Motor Vehicle Report to Commercial Contractors Co., Inc. to satisfy insurance requirements as needed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACTS**

In case of an emergency, please list the name of the individual you would like us to contact.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number