

FOBBE CONSTRUCTION, LLC APPLICATION FOR EMPLOYMENT

NOTE: This application was designed for use with several types of positions. Some questions may not be relevant to the position you are seeking, however, please answer all questions. Resumes are not accepted in lieu of completion of this application. (Application Valid for 180 days)

First, Middle, and Last Name (Please Print) _____

Present Address: _____

Position(s) Applied For _____

Social Security Number _____

Telephone Number _____

Available Start Date _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S. Yes No

Are you over 18 years of age? Yes No

Do you have available transportation to and from work? Yes No

EDUCATIONAL DATA

School	Print Name, Street Address, City State and Zip Code of each School	No. Of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other				

Honors received: _____

Other skills: List any other job-related skills, qualifications, licenses, professional organizations, etc. that support your application or are applicable to the position you are seeking: _____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes No - If yes, identify names and relevant dates.

EMPLOYMENT EXPERIENCE

List each job you held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	WAGE		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? Yes No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	WAGE		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? Yes No

EMPLOYER	DATES		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	WAGE		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

May we make inquiries of this employer? Yes No

Please identify any exceptions and reasons for not contacting prior employers:

Have you ever been dismissed or forced to resign from any employment? Yes No - If yes, explain.

Are you currently employed? Yes No Will you travel if job requires it? Yes No

Are there any hours, shifts or days you will not work? _____

Do you have any friends or relatives who work here
Name: _____

Are you laid off and subject to recall? Yes No

Will you work overtime if asked? Yes No

CHARACTER REFERENCES

List three (3) persons, NOT RELATED TO YOU, whom you have known at least one year:

NAME	ADDRESS	TELEPHONE	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

By my signature I acknowledge that the information in this application is true.

Signature of Applicant _____

APPLICANT DRUG SCREEN ACKNOWLEDGEMENT

As a job applicant who would operate a commercial motor vehicle or would possess a commercial driver's license in the course of their employment, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under applicable State law.

Applicant Signature

NOTICE TO APPLICANTS

We are an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, sex, national origin, sexual orientation, age, disability, veteran status or religion. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

Fobbe Construction, Inc. complies with the American's With Disabilities Act of 1990, as amended. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination, if required, and all information will be kept confidential and in separate files.

Applicant Signature: _____

Date: _____

Human Resources
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