

**EMPLOYMENT
APPLICATION**

TRI-CITY PAVING, INC.

P.O. Box 326
Little Falls, MN 56345
320-632-5435

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

We are an Equal Employment employer, No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, disability, familial status or any other class of individuals protected by law. This application will be current for 90 days.

Date _____

Name _____
last first middle

Street address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Position Applied For: _____

What source led you to make application with us? _____

DRIVER LICENSES:

State _____ Number _____ Type _____ Expiration Date _____

POSITION WANTED: _____

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	DATES OF OPERATION		Total Miles of Operation (Approx.)
		From	To	
Bus	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Tractor	_____	_____	_____	_____
Loader - Dozer - Blades - Etc.	_____	_____	_____	_____

EMPLOYMENT HISTORY (List present or most recent employer first)

Employer _____ Address _____ Telephone _____

Dates Employed _____ Job Title _____ Salary _____ Reason for Leaving _____

Employer _____ Address _____ Telephone _____

Dates Employed _____ Job Title _____ Salary _____ Reason for Leaving _____

EMPLOYMENT HISTORY (List present or most recent employer first)

Employer	Address		Telephone
Dates Employed	Job Title	Salary	Reason for Leaving
Employer	Address		Telephone
Dates Employed	Job Title	Salary	Reason for Leaving
Employer	Address		Telephone
Dates Employed	Job Title	Salary	Reason for Leaving
Employer	Address		Telephone
Dates Employed	Job Title	Salary	Reason for Leaving

EDUCATION (List most recent educational experience first)

Name & Location of School	Course of Study	Dates Attended	Diploma or Degree
Name & Location of School	Course of Study	Dates Attended	Diploma or Degree
Name & Location of School	Course of Study	Dates Attended	Diploma or Degree

PERSONAL INFORMATION

Are you a U.S. Citizen? Yes ___ No ___ If no, what type of visa do you have? _____

Name, address and telephone number of someone other than a household member who can contact you in case of emergency: _____

Have you served in the United States Armed Forces? Yes ___ No ___

Dates of service: From _____ to _____

Briefly describe skills acquired in the United States Armed Forces _____

If you are an experienced operator of any vehicles or construction equipment, please list:

Do you have any other skills you wish to mention?

Are you presently employed? Yes ____ No ____

If so, may we contact your present employer? Yes ____ No ____

If hired, when would you be available? _____

Minimum salary requirements? _____

REFERENCES

Name of reference _____

Occupation _____

Address _____

City, State, Zip _____

Telephone _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of information. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers to omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination.

I understand that no personnel recruiter, interviewer or other representative of Tri-City Paving other than a corporate officer has any authority to enter into any agreement for employment for any specified period of time. I also understand that if employed, my employment can be terminated with or without cause, and with or without notice at the option of myself or of Tri-City Paving. I further understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication.

I understand that any offer of employment may be conditioned upon the results of a physical exam.

Signature

Date

Tri-City Paving, Inc., requires each truck driver to have a current Minnesota Department of Transportation Medical Certificate.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

NOTIFICATION OF ALCOHOL & DRUG TEST REQUIREMENT

TRI-CITY PAVING, INC.

IS 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 A JOB OFFER IS MADE WHERE DUTIES INCLUDE OPERATING COMPANY TRUCKS AND/OR BUSES, 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 ALCOHOL & DRUG TEST REPORT MUST BE RECEIVED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

APPLICANT SIGNATURE

DATE

TRI-CITY PAVING, INC.
PO BOX 326, LITTLE FALLS, MN 56345
(320) 632-5435

An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last name	First name	Middle initial(s)
-----------	------------	-------------------

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 of 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

Check if any of the following apply:

- _____ Vietnam Era Veteran
- _____ Disabled Veteran

* **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.