

LARSON CONTRACTING CENTRAL, LLC

508 W Main ST | PO Box 7 · Lake Mills, IA 50450
(641)592-5800 · (507)373-6645 · (800)765-1426

APPLICATION FOR EMPLOYMENT

PRINT NEATLY – RETURN COMPLETED FORM

Auxiliary aids and services are available upon request to individuals with disabilities.

Position(s) Applied For		Date of Application		
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other				
Last Name		First Name	Middle Name	
Address - Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		

PRE-EMPLOYMENT DRUG SCREENING IS REQUIRED

Best time to contact you: _____ AM OR PM

If you are under 18 years of age, can you provide required proof of eligibility to work? YES NO

Have you ever filed an application with us before? YES NO If YES, when: _____

Have you ever been employed with us before? YES NO If YES, when: _____

Are you currently employed? YES NO

May we contact your current employer? YES NO

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability/veteran status or any other protected status.

Are you a military veteran? YES NO If YES, dates of active duty: _____

Are you prevented from becoming employed because of Visa or Immigration Status? YES NO

Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work: ____/____/____

Are you available for work: Full-time Part time Temporary

Are you currently on "lay-off" status or subject to recall? YES NO

Can you travel if the position requires? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

Conviction will not necessarily disqualify an applicant from employment

If YES, please explain: _____

[WE ARE AN EQUAL OPPORTUNITY EMPLOYER]

EMPLOYMENT EXPERIENCE - ATTACH SHEET IF ADD'L SPACE IS NEEDED

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

Employer	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
Address			
City ST Zip	HOURLYRATE/SALARY		
	START	FINAL	
Job Title Supervisor			
Reason for Leaving			EXPLAIN GAPS IN EMPLOYMENT

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
Address			
City ST Zip	HOURLYRATE/SALARY		
	START	FINAL	
Job Title Supervisor			
Reason for Leaving			EXPLAIN GAPS IN EMPLOYMENT

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
Address			
City ST Zip	HOURLYRATE/SALARY		
	START	FINAL	
Job Title Supervisor			
Reason for Leaving			EXPLAIN GAPS IN EMPLOYMENT

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

LICENSE INFORMATION			
State	License No.	Type	Expiration date

PREVIOUS 3 YEARS RESIDENCY (ATTACH SHEET IF ADD'L SPACE IS NEEDED)				
Address - Number	Street	City	State & Zip Code	# of Years

DRIVING EXPERIENCE			
	TYPE OF EQUIPMENT - (VAN, TANK, FLAT, ETC)	DATES - START/FINISH	APPX NO. OF MILES
STRAIGHT TRUCK			
TRACTOR/SEMI TRAILER			
TRACTOR – 2 TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF ADD'L SPACE IS NEEDED)				
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL, &/OR POINTS)

Have you been denied a license, permit, or privilege to operate a motor vehicle? YES NO
 If YES, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? YES NO
 If YES, please explain: _____

EDUCATION					
	Name of School	Course of Study	Years of Study	Graduation date	Diploma / Degree
High School					
Undergraduate					
Graduate					
Other					

QUALIFICATIONS & SKILLS

Describe any special training, experience, apprenticeship, skills, activities, languages, memberships and/or civic activities
(You may exclude anything that would reveal gender, race, religion, origin, age, disability, or other protected status)

SPECIALIZED SKILLS

- | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> BOBCAT | <input type="checkbox"/> AIR GUNS | <input type="checkbox"/> WELDING | <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> CONCRETE |
| <input type="checkbox"/> FORK LIFT | <input type="checkbox"/> DUMP TRUCK | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ROOFING | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> BACKHOE | <input type="checkbox"/> LOADER | <input type="checkbox"/> SITE WORK | <input type="checkbox"/> STEEL ERECTION | <input type="checkbox"/> COMPUTER |

OTHER:

NOTE TO APPLICANTS

Do not answer this question unless you have been informed about the requirements of the position for which you are applying

Are you capable of performing the activities involved in the job or occupation for which you have applied? YES NO

REFERENCES

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make sure investigations & inquiries to my personal, employment, financial, or medical history & other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if & after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers & other persons from all liability in responding to inquiries & releasing information in connection with my application.

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 the 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e). I understand I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers & for those previous employers to re-send the corrected information;
- Have a rebuttal statement to the alleged erroneous information, if the previous employer(s) & I cannot agree on the accuracy of the information.

SIGNATURE

DATE

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PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

PLEASE ANSWER THE FOLLOWING

Name: _____ Date: _____
 LAST FIRST MI

Gender: MALE FEMALE

Position applied for: _____

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- 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.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

SIGNATURE