



**NORTHDALE CONSTRUCTION COMPANY, INC.**

9760 71<sup>st</sup> Street NE  
 Albertville, MN 55301  
 (763) 428-4868 Fax (763) 428-4997

**Employment Application**

Please fill out completely. Type in your information or handprint using a black or blue pen.

<b>Personal Information</b>	
Name (Last, First, MI)	
Street address	
City, State, Zip	
Home phone number	Work phone number
Facsimile number	E-mail address
Social security number	Driver's license number / state / expiration
Have you used any names or social Security numbers other than the above? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><i>(if job involves any driving)</i></span> If yes, please explain below:	

<b>Employment Desired</b>	
Position applied for	
How did you hear about this position?	
Date available for work	Desired hours (full time, part time, etc.)

<b>Education</b>				
	Name & Address of School	Course of Study	Total Years Of Study	Degree / Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10)				

## Employment History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

May we contact your current employer?  Yes  No

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final positions
Address			
City, State, Zip			
Phone number			
Fax number	Supervisor(s)		
Job position(s)	Email address of Supervisor		
Reason(s) for leaving (or wanting to leave if currently employed)			

Employer	Start Date	End Date	Essential job functions of final positions
Address			
City, State, Zip			
Phone number			
Fax number	Supervisor(s)		
Job position(s)	Email address of Supervisor		
Reason(s) for leaving			

## Employment History (cont.)

Employer	Start Date	End Date	Essential job functions of final positions
Address			
City, State, Zip			
Phone number			
Fax number	Supervisor(s)		
Job position(s)	Email address of Supervisor		
Reason(s) for leaving			

Employer	Start Date	End Date	Essential job functions of final positions
Address			
City, State, Zip			
Phone number			
Fax number	Supervisor(s)		
Job position(s)	Email address of Supervisor		
Reason(s) for leaving			

<b>Training / Skills</b>	
Identify formal job training that relates to this position:	
Identify what skills or certifications you possess related to this position:	

<b>Additional Information</b>	
Have you ever been employed with this company before? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives employed by this company? If yes, please provide their names and relationship to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If driving is a requirement of the position applying for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you be able to work overtime or weekends as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INSTRUCTIONS FOR ANSWERING APPLICATION QUESTIONS ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS**

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or not contested in) a criminal offense, or solely on an affirmative answer. The nature, date, surrounding circumstances and relevance of the offense to the position(s) applied for will be considered. A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the instructions which follow below before responding.

Have you ever, under your name or another name, been convicted of (or pleaded no contest to) a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever, under your name or another name, been convicted of a crime, which resulted in your being in prison and/or jail and released from prison and/or jail or paroled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either question above, please fully explain when, where and of what you were convicted of and the result of the case(s):	
Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the nature of the crime charged, and when and where the trial is pending:	
Have you used illegal drugs in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take illegal drugs or medications that have not been prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either of the above questions, when was the last time you used illegal drugs?	
Have you ever been convicted of driving under the influence (DUI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use alcohol to the extent that it would impair your job performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential function of the job you are applying for (with or without reasonable accommodation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed:	

## References

List below three people not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Phone number	Email address	Relationship & years acquainted

Name		Occupation
Company name	Address	
Phone number	Email address	Relationship & years acquainted

Name		Occupation
Company name	Address	
Phone number	Email address	Relationship & years acquainted

## Policy Statements

*Please read each statement closely and initial each acknowledging your understanding*

### **Equal Employment Opportunity Statement**

\_\_\_\_\_ This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and Local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or Local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

### **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

### **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

### **Medial History Questionnaire**

\_\_\_\_\_ I herewith affirm that the employer has an offer of employment to me, conditioned on the satisfactory completion of this questionnaire, and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodation may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated in the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personal file. I herewith affirm that the questions found in the attached medical questionnaire have not been asked of me by anyone with the employer until after I have signed a separate document and have been offered a job.

Name:	
Social Security Number:	
Signature: /s/	
Witness:	Witness:

**Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**At-Will Employment**

\_\_\_\_\_ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

**Testing Authorization**

\_\_\_\_\_ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

**Company Obligation**

\_\_\_\_\_ I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

My answers have been true and accurate pursuant to the penalty of perjury under the laws of this state. I have read and understand the above policy statements and agree to be bound by them if employed by the Company.

/s/ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**INTERVIEW CHECKLIST**

1. Application reviewed on \_\_\_\_\_ by \_\_\_\_\_
2. Denial letter sent \_\_\_\_\_
3. Interview letter sent \_\_\_\_\_
4. Interview scheduled for \_\_\_\_\_

**ADDITIONAL NOTES:**

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