

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 sexual orientation, or any other legally protected status.

(Please Print)

Last Name		First Name		Middle
Address	Street	City	State	Zip
Telephone Number(s)	Home _____		Social Security Number	
Work _____	Other _____		- -	

Position(s) applied for	Date of Application:
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Drivers License: State: _____ Type: _____ Number: _____ Exp. Date _____
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How did you learn About Us? ___Advertisement ___Friend ___Walk in ___Relative ___Other _____

If you are under 18 years of age, can you provide required proof of your eligibility work? ___Yes ___No

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 _____

Reason for leaving _____

Are you currently employed? ___Yes ___No

Are you prevented from lawfully becoming employed in this country 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 for work? _____

Are you available to work: ___Full Time ___Part Time ___Temporary ___Summer (Student)

Are you currently on "lay-off" status and subject to recall? ___Yes ___No

Can you travel if a job requires it? ___Yes ___No

Do you have daily transportation to job sites? ___Yes ___No

Do you own your own vehicle? _____Truck _____Car

Are you willing to:

Provide all the hand tools necessary to perform the work you were hired to do? ___Yes ___No

Work at a position other than what you were hired for? ___Yes ___No

Work in adverse weather conditions? ___Yes ___No

Work 5 feet or more in the air? ___Yes ___No

Work a second or third shift? ___Yes ___No

Did you have any drafting or mechanical drawing courses in high school or college? ___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: _____

Education

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Include any job-related training received in the United States military.

Other Qualifications

Summarize special job-related skills & qualifications from employment or other experience.

Specialized Skills Check Skills/Equipment operated

Office Applicants: <input type="checkbox"/> Calculator <input type="checkbox"/> MS Word <input type="checkbox"/> Fax <input type="checkbox"/> Typewriter <input type="checkbox"/> PC <input type="checkbox"/> Excel	Please list other equipment or machines operated: _____ _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application..

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin disabilities or other protected status.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving				
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving				
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving				
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper

List Professional Trade, Business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

1. _____ (_____)
(Name) Phone #

(Address)
2. _____ (_____)
(Name) Phone #

(Address)
3. _____ (_____)
(Name) Phone #

(Address)

Applicant's Statement

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU HAVE ANSWERED EACH ITEM

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do work for which I am applying. I agree to comply with the Employer's Substance Abuse Program, including drug and/or alcohol testing as may be required.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Snow Country Contracting, Inc. 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(s) 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No

Date of Employment _____

Job Title _____

Hourly Rate / Salary _____

Department _____

By _____
Name & Title Date