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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name	First Name	Middle Name	Phone Number
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Present Street Address	City	State	Zip-Code
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Emergency Contact Name: _____ Relation _____ Phone Number _____

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # _____ Are you legally entitled to work in the U.S. Yes No
If hired, a Form I-9, Employment Eligibility Verification, must be completed at the start of employment.

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

EDUCATION HISTORY: Please list below your education history.

	Name & Location of School	Year Attended	Graduate?	Subjects Studied
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

FORMER EMPLOYERS: Please list below the last four employers, starting with the last one first.

NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO		
CITY, STATE, ZIP CODE	PAY START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	

NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO		
CITY, STATE, ZIP CODE	PAY START \$	FINAL \$	
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GENERAL INFORMATION:

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying

US Military or Naval Services _____ Rank _____

REFERENCES: Give below the names of 3 persons not related to you, whom you have known at least 1 year.

NAME

ADDRESS

PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Altenburg Construction Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Altenburg Construction from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that Altenburg Construction Inc. has a Zero Tolerance Drug and Alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. Refusal to be tested is an automatic dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

If employed, I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

DATE: _____ INTERVIEWED BY: _____

REMARKS:

HIRED

FOR DEPT.

POSITION

WAGES

(Check) _____

Approved: _____ **(EMPLOYMENT MANAGER)**