



Application for Employment

PERSONAL INFORMATION			
Last Name	First	Middle	Today's Date
Street Address		Home Telephone ()	
City, State, Zip		Cell Phone ()	
Email Address		Date Available for Work	
Position Desired		Expected Compensation	
Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, include Month and Year:		Are you a former employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How did you hear about Careers at Poettker Construction Company?			
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If selected for employment, are you willing to submit to a pre-employment drug screen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", with what employer?	
MILITARY SERVICE			
Have you served in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes", in which branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy			
Military Separation Status: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Retired <input type="checkbox"/> Separated			
Military Service: Start Date: End Date:			

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EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business / Trade / Tech				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seminars / Workshops / OJT					
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Elementary School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAINING / LICENSES / CERTIFICATIONS / MEMBERSHIPS

Please describe any additional training received or special skills relevant to the position for which you are applying.

Please list any additional licenses, certifications, memberships in professional and/or civic organizations, special accomplishments, awards, etc.



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DRIVING INFORMATION					
All Unexpired Motor Vehicle Operators Licenses or Permits (Drivers License, CDL, etc.)					
Type	Classification	Endorsement	Issuing State	License or Permit Number	Expiration Date
<input type="checkbox"/> Non CDL <input type="checkbox"/> CDL					
Experience Operating Commercial Motor Vehicles				Type of Equipment	
1.				1.	
2.				2.	
3.				3.	
Date and Nature of Accidents Last Three Years				Injuries or Fatalities	
1.				1.	
2.				2.	
3.				3.	
Detail the facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you.				If no such denial, revocation or suspension has occurred, please initial here:	
Previous Address in the Last Three Years					
Street		City		State	Zip



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EMPLOYMENT HISTORY LAST 10 YEARS (ATTACH ADDITIONAL SHEETS AS NECESSARY)	
Company Name	Date Employed (Month/Year) From: _____ To: _____ MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Telephone ()
Name & Title of Supervisor	Supervisor's Email Address
Ending Job Title	
Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving

Company Name	Date Employed (Month/Year) From: _____ To: _____ MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Telephone ()
Name & Title of Supervisor	Supervisor's Email Address
Ending Job Title	
Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving

Company Name	Date Employed (Month/Year) From: _____ To: _____ MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address	Telephone ()
Name & Title of Supervisor	Supervisor's Email Address
Ending Job Title	
Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for Leaving



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REFERENCES			
NAME	TITLE	COMPANY	PHONE

Please read and understand this statement before signing your application:

This certifies that this application was completed by me and that all entries on it and information I have provided in this Application for Employment is true, correct and complete to the best of my knowledge. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I acknowledge and understand that the information I have provided may be used and my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of the Federal Motor Carrier Safety Regulations Part 391.23.

This application will expire in 180 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Poettker Construction Company is an equal opportunity employer and makes employment decisions without regard to race, age, ethnicity, color, national origin or ancestry, religion, creed, gender, gender identity or expression, military service or status, physical or mental disability, pregnancy or related medical conditions, genetic information, marital status, sexual orientation, and any other legally protected class, trait or status.

By typing your name below, you understand that you are electronically signing this document and are certifying that you have read and agreed to the above. You specifically understand that Poettker Construction Company will rely upon your electronic signature to the same extent as if you signed in ink. You finally agree that any other electronically signed documents related to your employment or application with Poettker Construction Company will result in valid and legally binding agreements as if you had signed them in ink.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT:

(Applicant's Signature)

(Date)