

Employment Application
PLEASE PRINT CLEARLY



Equal Opportunity
Employer

12585 Rhode Island Avenue South, Savage, MN 55378
PH: 952-562-8100 FX: 952-562-2820
www.AdvancedConstructionMN.com
BLDR. ID. #BC719539

Full Name: _____ Today's Date: _____
Last First Middle Initial

Present Address _____
City State Zip

How long at current address? _____ If less than 3 years, list previous address(es) dating back 3 years:

Address City/State/Zip Dates

Address City/State/Zip Dates

Date of Birth _____ Social Security Number _____

Home Phone: _(_____) _____ Cell Phone: _(_____) _____

Email: _____

Are you currently authorized to work in the United States? Yes No (Proof of eligibility will be required if hired.)

Driver's License Information: _____
State Lic. Number

Expiration Date Class Endorsements Restrictions

See page 3 for additional information required for Commercial Drivers License (CDL), as required by the D.O.T.

Will you allow us to run a Motor Vehicle Record (MVR) to obtain your driving history? Yes No
Required by our insurance company, if hired)

How did you hear about this job? _____

Is there any reason (previous injuries, etc.) you may be unable to perform the required functions of this job? _____ If yes,
provide dates & details: _____

Have you been convicted of a crime other than a traffic offense? Yes* No If yes, list date, location, and details of offense:

Will you allow us to run a criminal background check? Yes No

*Information supplied will not necessarily effect consideration for employment. However, the omission of information may result in immediate termination.

Education:

High School: _____ **Did you graduate?** Yes No
Name/Location Dates Attended

College: _____
Name/Location Dates Attended Degree

Business/Trade School _____
Name/Location Dates Attended Degree

Other training/education applicable to this job: _____

Previous Employment (at least the last 3 years)

Dates (from – to) **Employer Name** **Address**

Job duties: _____

Reason for leaving: _____

Dates (from – to) **Employer Name** **Address**

Job duties: _____

Reason for leaving: _____

Dates (from – to) **Employer Name** **Address**

Job duties: _____

Reason for leaving: _____

NOTE: Information may be used, and previous employers will be contacted, to investigate safety performance history information as required by the DOT.

Please list any additional skills or experience applicable to this job or the construction industry (knowledge of tools, etc.):

References

Name

Company/Relationship

Phone Number

At Advanced Construction Services LLC, driving our heavy duty trucks requires a Commercial Drivers License (CDL). If you do not have a CDL, you will be encouraged to obtain one, and we will assist you in this process if you are eligible. In addition to the information previously provided, the US Department of Transportation (D.O.T.) requires the following information be obtained from individuals applying for jobs which may require a CDL.

List the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers) which you have operated:

List all motor vehicle accidents in which you were involved during the previous 3 years. Specify date and nature of each accident and any fatalities or personal injuries it caused:

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the previous 3 years:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

| |
|---|
| Office Use Only: Hire Date _____ Start Date _____ Starting Wage _____ |
|---|

Driving Record Check Consent Form

At Advanced Construction Services LLC we maintain a driver record checking and verification program for prospective and current employees and independent contractors who will/may drive a company vehicle or their own vehicle on company business. All such drivers must have an acceptable driving record on file, and the company will periodically check and verify the driving record. Those lacking an acceptable record may not be hired and/or will be restricted from driving on company-related business.

In accordance with the Driver Privacy Protection Act, the undersigned current or prospective employee or independent contractor authorizes the company to check his or her driving record in order to verify that license status, violation history, and other information contained therein complies with the company's established driver safety guidelines. This authorization will remain in effect for the duration of employment or contract between the company and employee/contractor.

Driver's License Number: _____

State: _____ **Expiration:** _____ **Date of Birth:** _____

Employee's Name (Print)

Employee's Signature

Date

For Office Use Only:

Date of MVR _____

Satisfactory ___Y ___N

Initials _____