

Application Policy

Thank you for your interest in working for our company. We strive to attract quality applications with the potential to contribute positively to our productive, hard-working team.

It is our goal to provide equal employment consideration for all applicants. To help us reach that goal, we have developed the following application policy, which applies to all individuals seeking employment opportunities with our company.

1. Each applicant must complete an application form fully.
2. Each applicant must apply in person.
3. Applicants remain eligible for consideration for 45 days from the date the application is submitted. Following 45 days, reapplication in accordance with this policy is required.
4. **Applicants are contacted only if selected for an interview.**
5. All applicants are subject to pre-employment drug testing.

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APPLICATION FOR EMPLOYMENT

PLEASE PRINT – ALL QUESTIONS MUST BE ANSWERED.

Date: _____

Position desired: _____ Date Available: _____

Name: _____
Last First Middle

Present address: _____

How long at this address? _____

Primary Phone: _____ Email: _____

Have you ever worked for this company before? Yes No

If yes, give dates and position(s) held: _____

PAST ADDRESSES
(Attach sheet if more space is required)

	Street	City	State & Zip Code	How Long?
1				
2				
3				
4				

DRIVER EXPERIENCE AND QUALIFICATIONS

Note: DOT requires that commercial driving experience for the past 10 years be shown. Show all licenses held in last 5 years.

Driver's License #	State	Type	Expiration

Driving experience

Class of Equipment	Type of Equipment (Van, Tank, Flat)	Dates		Approximate # of Miles
		From:	To:	

Accident record for past 5 years (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 5 years, other than parking violations (attach sheet if more space is needed)

Location	Date	Charge	Penalty

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? [] Yes [] No

B. Has any license, permit or privilege ever been suspended or revoked? [] Yes [] No

If the answer is yes to either "A" or "B" above, provide details below:

Employment Record (Attach sheet if more space is needed)

Please list your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references.

Employer:	Contact:	Phone:
Address:		
Position held:	From:	To:
Reason for leaving:		

Were you subject to the FMCSR's? _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Employer:	Contact:	Phone:
Address:		
Position held:	From:	To:
Reason for leaving:		

Were you subject to the FMCSR's? _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Employer:	Contact:	Phone:
Address:		
Position held:	From:	To:
Reason for leaving:		

Were you subject to the FMCSR's? _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Employer:	Contact:	Phone:
Address:		
Position held:	From:	To:
Reason for leaving:		

Were you subject to the FMCSR's? _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Have you ever been terminated or asked to resign from any job? [] Yes [] No

If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

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May we contact your current employer? **Yes** **No**
If no, please explain why:

Have you ever used another name? **Yes** **No**
If so, what other name(s)?

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to enable a check on your work? **Yes** **No**
If yes, please explain:

If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis? **Yes** **No**

If hired, can you provide proof that you are over 18 years of age? **Yes** **No**

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? **Yes** **No**

Do you have a reliable means of transportation to and from work? **Yes** **No**

EDUCATION

School Name	Years Completed	Diploma/Degree & Course of Study	Specialized Training, Skills, Experience, Extra-curricular Activities
High School:			
College/University:			
Graduate/Professional:			

PERSONAL REFERENCES

Please list three people who know you well – NOT previous employers or relatives

Name:	Occupation:	Address:	Phone Number:	# of Years Known

I certify that all of the information that I have provided on this application is true and accurate.

Date

Signature of Applicant

Applicant's Acknowledgement

Work Rules In the event of my employment with dalke construction co inc., I agree to comply with all rules and regulations of dalke construction co inc.

Drug Test I understand that dalke construction co inc. reserves the right to require me to submit to test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. I understand that should I decline to sign this consent or decline to take the above-described test, my application for employment will be rejected or my employment may be terminated.

Background Investigation I understand that dalke construction co inc.'s consideration of my application may include an investigation of the information I have provided on this application and other relevant information. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

At Will Employment If hired, I further agree as follows: my employment and compensation are at will, and I have not been promised employment for any definite period of time. My employment, compensation, benefits, and work duties may be modified or terminated at any time and for any reason whatsoever, with or without good cause or prior notice. I acknowledge that I am free to terminate employment at any time, with or without cause or prior notice. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the president of the company. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and dalke construction co inc.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, reflect unfavorably upon my qualifications for this position. I understand that if I am employed and dalke construction co inc. determines that any such information is false or incomplete in any regard, my employment may be terminated.

If you have any questions regarding this acknowledgment, please ask a company representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

Date

Signature of Applicant