|  |  |  |
| --- | --- | --- |
| Date Submitted:  Were you referred by a DeCook Employee?   |  |  | | --- | --- | | YES  Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NO | |
| Employment Application  821 Country Club Rd SE, PO Box 69, Byron, MN 55920  p. 507-361-4870 [Evan@DeCookExcavating.com](mailto:Evan@DeCookExcavating.com) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | First | |  | | | | | | M.I. | |  |
| Street Address | | | |  | | | | | | | | | | | | Apartment/Unit Number | | | | |  |
| City |  | | | | | | | | | | State | |  | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | E-mail Address | | |  | | | | | | | |
|  | | |  | | | | | Date Available | | | |  | | | | Desired Wage | |  | | | |
| Are you a citizen of the United States? | | | | | | YES | | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | YES | | NO | |
| Position applying for? | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Excavating  Landscaping  Aggregate  Drainage | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Are you seeking full or part time employment? | FT | PT | | | | | | | | | | | | | | Days available to work | | | | | | | | |
| Have you ever worked for this company? | | | | | | |  | | |  | | | Mon  Tues  Wed  Thurs  Fri  Sat  Sun | | | | | | | | |
| If yes when? | | | | | | |  | | |  | | |  | | | | | | | | |
| Do you have a valid driver’s license? | | | | | | | YES | | | NO | | | Issued by what State | |  | | | | | | |
| **FOR CDL REQUIRED APPLICANTS (shaded area)** | | | | | | | | | | | | | Class | | A  B  C  D | | | | | | |
| SS #: | | | | | | Date of Birth: | | | | | | | | | DL Number: | | | | | | |
| Address for last 3 years | | | | | | | | | | | | | | | Expiration Date: | | | | | | |
| Nature and extent of experience (Including type of equipment operated) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| List of all motor vehicle accidents in the last 3 years (Include date and nature of accident including injury or fatality) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| List of all motor vehicle violations of laws or ordinances in last 3 years (other than violations involving only parking) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Have you had your CDL license denied, revoked or suspended: Yes  No  (if yes explain in detail space below include facts and circumstances) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Employers for the last 10 years** | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | | | | Dates Employed From: To: | | | | | | | | |
| Address: | | | | | | | | | | | | | Phone: Ending salary: | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | Supervisor: | | | | | | | | |
| Were you subject to FMCSR’s while employed? Yes  No | | | | | | | | | | | | | Job designated safety sensitive DOT regulated? Yes  No | | | | | | | | |
| Company Name: | | | | | | | | | | | | | Dates Employed From: To: | | | | | | | | |
| Address: | | | | | | | | | | | | | Phone: Ending salary: | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | Supervisor: | | | | | | | | |
| Were you subject to FMCSR’s while employed? Yes  No | | | | | | | | | | | | | Job designated safety sensitive DOT regulated? Yes  No | | | | | | | | |
| Company Name: | | | | | | | | | | | | | Dates Employed From: To: | | | | | | | | |
| Address: | | | | | | | | | | | | | Phone: Ending salary: | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | Supervisor: | | | | | | | | |
| Were you subject to FMCSR’s while employed? Yes  No | | | | | | | | | | | | | Job designated safety sensitive DOT regulated? Yes  No | | | | | | | | |
| Company Name: | | | | | | | | | | | | | Dates Employed From: To: | | | | | | | | |
| Address: | | | | | | | | | | | | | Phone: Ending salary: | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | Supervisor: | | | | | | | | |
| Were you subject to FMCSR’s while employed? Yes  No | | | | | | | | | | | | | Job designated safety sensitive DOT regulated? Yes  No | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | Date: | | | | | | | | |

Supplemental sheet can be provided for additional employers

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Education | | | | | | | | | | | | |
| High School | |  | | | | Address |  | | | | | |
| From |  | | To |  | Did you graduate? | | YES | NO | | Degree |  | |
| College |  | | | | | Address |  | | | | | |
| From |  | | To |  | Did you graduate? | | YES | NO | | Degree |  | |
| Certificates or Licenses (Industry Specific) | | | | | | | | | Issued By | | | Expiration Date |
|  | | | | | | | | |  | | |  |
|  | | | | | | | | |  | | |  |
|  | | | | | | | | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment (skip if filled out CDL section above) | | | | | | | | | | | | | |
| Company | | |  | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
| Company | | |  | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
| Company | |  | | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| References | | | |
| Please list three professional references. | | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Disclaimer and Signature | | | |
| Please initial each paragraph acknowledging that you have read and understand each statement.  \_\_\_\_\_\_\_\_\_\_ 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 termination.  \_\_\_\_\_\_\_\_\_\_ I hereby authorize the DeCook Companies. to verify accuracy and to obtain reference information on my work performance. I hereby release DeCook Companies. 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 a criminal background check, driving record check and/or pre-employment drug screen may be required as a condition of an offer of employment. I also understand that these checks/screens may be required periodically during my employment and acknowledge that my refusal to participate will immediately terminate my employment.  \_\_\_\_\_\_\_\_\_\_ The DeCook Companies reserves the right to terminate its employees at any time for any reason not prohibited by law. Employees have the right to resign employment at any time for any reason (subject to any notice requirement). These mutual rights constitute the DeCook Companies at-will employment policy. | | | |
| Signature |  | Date |  |

DeCook Excavating Inc.

DeCook Landscaping

Olmsted Aggregate, Inc.

821 Country Club Rd SE, PO Box 69, Byron, MN 55920

p. 507-361-4870 Evan@DeCookexcavating.com

DeCook Excavating Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.