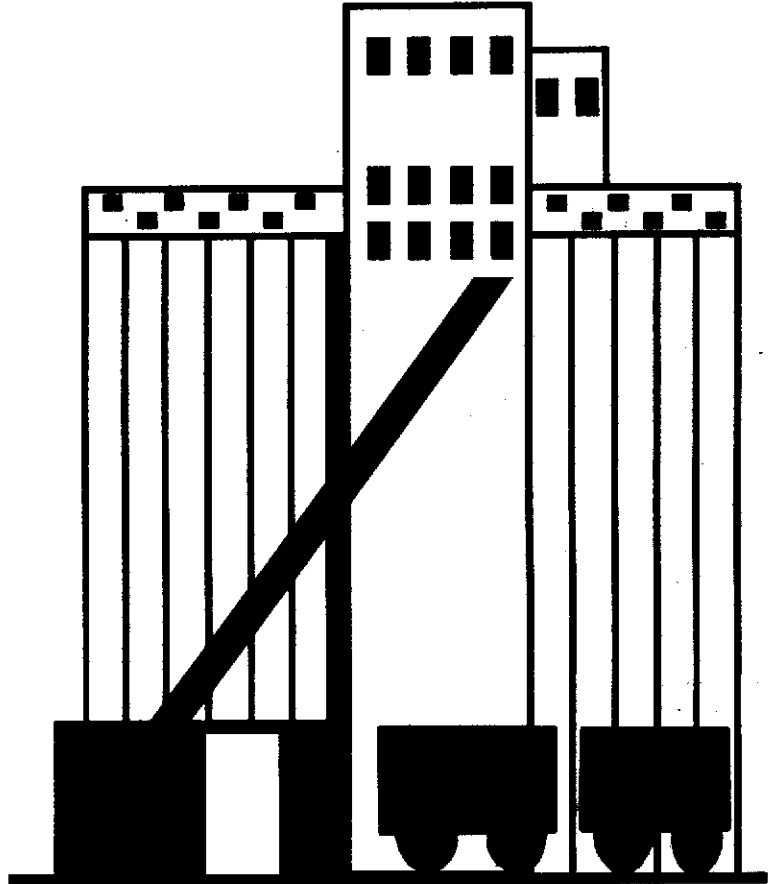


APPLICATION FOR EMPLOYMENT

CONSTRUCTION INC.

BOX 408 - MONTEVIDEO, MN 56265

Phone (320) 269-2101
Fax - (320) 269-6253



AN EQUAL OPPORTUNITY EMPLOYER

OUR MOTTO:

**NOT PRODUCTION AND SAFETY -
BUT PRODUCTION WITH SAFETY**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			In Case Of Emergency Contact:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Have you ever been employed with us before? Yes No
 If Yes, give date _____
 Are you currently employed? Yes No
 May we contact your present employer? Yes No
 On what date would you be available for work? _____
 Are you available to work: Full Time Part Time Shift Work Temporary
 Are you currently on "lay-off" status and subject to recall? Yes No
 Can you travel if a job requires it? Yes No

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional					
School Name and Location																			
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4		
Diploma/Degree																			
Describe Course of Study																			
Describe any specialized training, apprenticeship, skills and extra-curricular activities																			
Describe any honors you have received																			
State any additional information you feel may be helpful to us in considering your application																			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No
 If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

List most current job first.

1.	Employer	Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		From	To	Work Performed	
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer	Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		From	To	Work Performed	
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer	Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		From	To	Work Performed	
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer	Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		From	To	Work Performed	
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
		Starting	Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/

Salary _____

Department _____

By _____

NAME AND TITLE

DATE



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