



Phone: (507) 849-7429
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131 Torgerson Lane
Jackson, MN 56143

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status.

(Please Print) Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Walk-In
 Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (Area Code) _____ Social Security Number _____ / _____ / _____

Are you able to perform the essential functions of the job for which you applied? _____
(This job may require lifting and carrying of up to 100 lbs.)

If no, please explain any accommodations that you believe might be appropriate to perform the essential functions of this job. _____

Have you filed an application with Tri-State Gen. Cont. before? If yes, give date _____

Date you would be available for work? _____ Salary desired _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a valid Drivers License? If so, what type? Class A Class B
(a valid driver's license is a job requirement) Class C Class D

In what State? _____ Drivers License # _____

GENERAL INFORMATION

Subjects of Special Study or Research Work _____

Special Skills _____

Activities: (civic, athletic, etc) _____

(exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

Education

School	Name & Address	Course of Study	Last Year Completed	Did You Graduate	Diploma/ Degree
High School			1 2 3 4		
College			1 2 3 4		
Other					

APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge. In the event of employment, I understand that falsified statements on this application shall be grounds for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to you.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

Signature

MOTOR VEHICLE RECORD POLICY

It is the policy of **Tri-State General Contracting**, to obtain and review Motor Vehicle Record (MVR) on each prospective employee before an offer for employment is extended to the individual. Motor Vehicle Records are checked annually on all employees where driving is part of their job description.

Management of **Tri-State General Contracting**, will review the Motor Vehicle Record to ascertain the applicant or employees hold a valid license and their driving record is within the parameters set by the company policy. If the employee's driving record does not meet the criteria set by the Management, remedial training and/or other disciplinary action may be taken.

Insured/Manager Name

Date

DRIVER

I hereby grant permission for **Tri-State General Contracting**, to secure a Motor Vehicle Report on me.

Applicant's Signature

Applicant Printed Name

Date of Birth

Driver's License Number

Social Security Number

Date

CONDITIONAL EMPLOYMENT/HIRE FORM

Tri-State General Contracting, Inc. is a drug free workplace. I understand that my employment with Tri-State General Contracting, Inc. is conditional upon passing a drug and alcohol test.

Signature

Date

Revised 04/2012