



# Employment Application

Please Note: Hammers Construction, Inc. Drug Tests ALL Applicants

## Application Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Last*

*First*

*MI*

Social Security Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

*Street*

*Apt.*

*City*

*State*

*Zip*

Availability: For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

Yes  No

Have you ever worked/applied for this company? If yes, when?

How were you referred to us? \_\_\_\_\_

Paper  Internet/Social Media  Sign by Highway  Radio  Other \_\_\_\_\_

## Job-Related Skills

*Please Note: Do not fill out any part of this section if you believe to be non-job related.*

Yes  No

If the job requires, do you have the appropriate valid Driver's License?

Name on License \_\_\_\_\_ DL# \_\_\_\_\_

Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No

Have you had any moving violations? If yes, please describe. \_\_\_\_\_

Please list any other skills, license or certificates that may be job-related or that you feel would be of value to this job and/or company. \_\_\_\_\_

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Can you perform the requirements of this job with or without reasonable accommodation?

List languages in which you are fluent? \_\_\_\_\_

List States and Countries of residence for the past seven years. \_\_\_\_\_

Yes  No Have you used any Names of Social Security Numbers other than given above? If so, please list below. \_\_\_\_\_

\_\_\_\_\_

### Previous Employment

*Please note: Your application will not be considered unless every question in this section is answered to the best of your ability. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.*

#### **Most recent employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

#### **Second most recent employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

**Third most recent employer:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

**References**

*Please Note: Please include three professional references that are familiar with your work ability. Do not include relatives.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Education**

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 +

If your school records are under a different name listed from page 1, please list that name: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Yes  No Graduate? Diploma: \_\_\_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Yes  No Graduate? If so, degree: \_\_\_\_\_

Other Schooling: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Yes  No Graduate? If so, degree: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge if any: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are true and completed to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address: Street*

\_\_\_\_\_  
*Apt.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

## Affirmative Action: Voluntary Self Identification Questionnaire

Hammers Construction, Inc. (HCI) is an Equal Opportunity Employer. The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

**Title of job applied for:** \_\_\_\_\_

### Race (please check one)

- White – origins in Europe, North America or Middle East
- Asian – origins in Far East, South East Asia, India, or Pacific Islands
- Black – origin in Africa
- Hispanic – Cuban, Mexican, Puerto Rican, Central or South American
- American Indian – origins in North America, to exclude Alaska

### Physical Condition

- No handicap
- Physically handicapped (No Facility Modification)
- Physically handicapped (Facility Modification)
- Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- Mentally Handicapped (Learning Disabled)

### Sex

- Female
- Male

### Veterans/U.S. Military Status

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/4/1964-5/7/1975)
- Vietnam Era Veteran with service incurred disability
- Post-Vietnam Veteran
- Post-Vietnam Veteran with service incurred disability

### Active National Guard Reservist

- Yes
- No

**STOP!**

**At this time the application process is complete. Please turn in for review**

**PO Box 148 • 44434 Harvest Ave, Perham, MN 56573 • 218-346-2195**

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**FOR NEW EMPLOYEES MINIMUM TOOLS REQUIRED BEFORE YOU START WORK**

1. Tool belt with large pouches (hammer holder and tape measure holder)
2. 25 foot tape measure
3. Utility knife with spare blades
4. 16-24 ounce hammer (straight claw, good fiberglass or metal- no wood)
5. Tin snips (right and left)
6. Leather gloves (insulated during winter)
7. Steel toe boots
8. Chalk line/snap line (reel type)
9. Pliers
10. Tri-square

**TOOLS REQUIRED PRIOR TO START OF WORK THE 2<sup>ND</sup> WEEK OF EMPLOYMENT**

1. ½ inch drive socket set with sockets ranging from 3/8 inch to 1 ¼ inch (deep well socket for ¾ inch & 7/8 inch)
2. Wrench set 3/8 inch through 1 ¼ inch
3. Screwdriver set, Phillips and flat, large and small
4. Wire cutter
5. Tool box to hold ALL tools (metal is best)
6. Vice grips
7. Channel locks
8. Speed wrenches
9. 12 inch crescent wrench
10. Rain gear

Any questions or concerns please contact Kelly Karsnia 218-371-6080

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