



CONSTRUCTION, INC.

13925 Northdale Blvd Rogers, MN 55374
763-428-2229 Main 763-428-4776 Fax

OFFICE USE ONLY
RECEIVED:

An Equal Opportunity Employer
EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Drivers License: _____

Cell Phone: _____ Trade Status (if applicable): _____ Journeyman
_____ Apprentice

Date Available: _____ Social Security No.: _____

Position Applied For: _____ Operator _____ Laborer _____ Shop/Mechanic _____ Cement Mason/Concrete Finisher
_____ Field Management (Superintendent/Foreman) _____ Other

Are you authorized lawfully to work in the U.S.? YES NO

Note: if hired, a Form I-9, Employment Eligibility Verification, must be completed at the start of employment.

Have you ever worked for this company? YES NO If yes, when? _____

Emergency Contact & Phone: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

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Address: _____

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PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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SKILLS

Please indicate equipment or machinery you are proficient with:

TRAINING/EDUCATION

Schools Attended	Location	Major Subjects	Years Attended	Degree/Certificate

DISCLAIMER AND SIGNATURE

You are not required to answer any questions on this form that you feel would infringe on your personal or legal rights.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Employment is "AT WILL." Any employment relationship with Thomas and Sons Construction, Inc. is voluntary and there is no specified length of employment offered. Accordingly, either you or Thomas and Sons Contracting, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Furthermore, I understand that an offer of employment is NOT to be construed as an employment contract.

Signature: _____ Date: _____

This company is an Equal Employment Opportunity Employer; we will not tolerate discrimination because of race, color, creed, religion, national origin, sex, marital status, status and regard to public assistance or disability, affectional or sexual preferences, or age. All qualified applicants are welcome to submit application for employment



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Equal Employment Opportunity Questionnaire

This employer is a government contractor subject to Executive Order 1246 Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1973 at 38 USC 2012 and their implementing regulations in the Code of Federal Regulations Title 41 Chapter 60 (i.e. 41 CFR 60). These directives require government contractors to be an equal opportunity employer and to take affirmative action to employ and advance employment of minorities, women, Vietnam era Veterans, qualified disabled veterans, and qualified handicapped individuals. To help us meet our Affirmative Action and Equal Employment Opportunity responsibilities, we ask that you that you complete the following Data Sheet. (Please Note: Completion of this questionnaire is voluntary and refusal to complete is voluntary. Refusal to complete will not affect your opportunity to be employed or advanced in employment).

It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # (last 4 digits) _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- OR -
White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian/Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female Vietnam Veteran: Yes No

Signature Date
If you should have any questions regarding this form, please contact Human Resources.



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Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Signature

Date

If you should have any questions regarding this form, please contact Human Resources.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete