

16871 Canby Avenue P.O. Box 8 Faribault, MN 55021

PLEASE PRINT ALL

INFORMATION

REQUESTED EXCEPT

INTERSTATE **MPROVEMENT**

EMPLOYMENT APPLICATION

Please mail, fax or email completed application to: P.O. Box 8,

Faribault, MN 55021 Fax: (507) 333-3901

Tel: 507.333.2677 Fax: 507.333.3901 resumes@interstateimprovement.com

HIRING MANAGER USE:

Rate of Pay:

SIGNATURE	Fax: (50 Email: resumes@int	77) 333-3901 Ferstateimprovement (com	Union Benefits:		
n Equal Opportunity / Affirmative Action Em		erstateimprovement.	20111			
PLEASE COMPLETE ALL PAGES						
			DATE:			
Name:	First		Middle			
			Middle			
Address:Number						
Number	Street	City	State	Zip		
Telephone ()	Mobile ()	Other ()		
Referral source (please check all t	hat apply): Advertisement	Friend	Relative W	/alk-in Internet		
	Union (Local #)	Otho				
	Union (Local #) _	Othe	[
A	Пио					
Are you under age 18? ☐YES	LINU					
A				(المنابع الم		
Are you currently authorized to wo	TK IN the United States? LIYES	LINO (Proof of elig	libility will be required if	i nirea <i>)</i>		
Position applied for (1)	Position applied for (1) and wage desired (2) Experience Years					
Toshion applied for (1)		and wage desired (2)	'·	Experience rears		
If him does what date will were here	مام المام	Hava van avaansali	- d f b - f 7	Zan III Na If was when?		
If hired, on what date will you be a	DIE 10 Start Work?	_ Have you ever work	ed for us before? Light	es Lino. II yes, when?		
List any friends or relatives workin	g for us					
Travel is a necessity in the genera	I highway construction industry.	As the job requires, are	you willing to travel:			
Up to 50 miles	s (one way)? ☐Yes ☐No	Overnight trave	el, beyond 50 miles?	□Yes □No		
DO YOU HAVE A DRIVER'S LICE	ENSE? □YES □NO					
Driver's License #:	State Issu	ued: \square	Operator \square Cor	mmercial (CDL)		
Driver's License Expiration Date: _		Medical Evam Card	Expiration Date:			
Driver's Electise Expiration Date		Medical Card required for all	employees subject to driving co	ompany vehicles		
Have you had any accidents durin	a the past three years?	□Yes □No	How many?			
Triave you had any accidents durin	g the past three years:		now many:			
Have you had any moving violation	ns during the past three years?	□Yes □No	How many?			
CHECK E	QUIPMENT YOU CAN OP	FRATE - PROVID	F YFARS OF FXP	FRIENCE		
one on E	Number Years Experience		E TEMICO OF EM	Number Years Experience		
Bobcat		Concrete Saw				
Backhoe		Concrete Diamo				
Dump Truck		Curb & Gutter M	achine			
Power Screed		Air Compressor				
Sandblaster		Pressure Washe	r			
Jackhammer		Generator				

Other

	TYPE OF SCHOOL	NAME AND A	DDRESS	COURSE OR MAJOR	GRADUATED?	YEARS ATTENDE
igh	School				□Yes □No	
olle	ge				□Yes □No	
ost	Graduate				□Yes □No	
lisus	ness or Trade				□Yes □No	
)the	r				□Yes □No	
EF am	_	Please list two references other				
om						
ddr	ess:		Addre	SS:		
مامد						
eiek	onone: ()_		I elept	none: ()		
RIC	OR WORK HIST	ORY (List in order, most rece	ent or present employer firs	t.) Please give all of the infor	mation asked for, if	known.
	Start Date:	Employer Name:	Position(s):	Beginning Pay Rate:	Supervisor Na	me:
	End Date:	City, State:		Ending Pay Rate:	Supervisor Title	e:
Des	cription of Work:			Reason for Leaving:		
2.	Start Date:	Employer Name:	Position(s):	Beginning Pay Rate:	Supervisor Na	me:
	End Date:	City, State		Ending Pay Rate:	Supervisor Title	e:
Des	 cription of Work:			Reason for Leaving:		
	·			, and the second		
	cription of Work: Start Date:	Employer Name	Position(s):	Reason for Leaving: Beginning Pay Rate:	Supervisor Na	me:
	·	Employer Name City, State	Position(s):	, and the second	Supervisor National Supervisor Title	
3.	Start Date:		Position(s):	Beginning Pay Rate:	·	
B.	Start Date: End Date: cription of Work:	City, State	Position(s):	Beginning Pay Rate: Ending Pay Rate:	·	
Des	Start Date: End Date: cription of Work:	City, State		Beginning Pay Rate: Ending Pay Rate: Reason for Leaving:	Supervisor Titl	e:

In exchange for the consideration of my job application by INTERSTATE IMPROVEMENT, INC., I agree that:

- 1. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment;
- 2. Or to confer any right to remain an employee of INTERSTATE IMPROVEMENT, INC. or otherwise to change in any respect the employment at will relationship between it and the undersigned, and
- That relationship cannot be altered except by a written instrument signed by the Owner / Managing Member of the INTERSTATE IMPROVEMENT, INC.
- 4. Both the undersigned and INTERSTATE IMPROVEMENT, INC. may end the employment relationship at any time without any specific reason.
- 5. If employed, I understand that INTERSTATE IMPROVEMENT, INC. may unilateral change or revise their benefits, policies and procedures and such change may include reduction in benefits.
- 6. I authorize investigation of all statements contained in this application.
- 7. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.
- 8. I hereby give INTERSTATE IMPROVEMENT, INC. permission to contact schools, all previous employers (unless otherwise indicated) references and others and hereby release INTERSTATE IMPROVEMENT, INC. from any liability as a result of such contact.
- 9. I understand that in connection with the routine processing of my employment application, INTERSTATE IMPROVEMENT, INC. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristic, and mode of living.
- 10. Upon my written request, INTERSTATE IMPROVEMENT, INC. will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Report Act.
- 11. I further understand that my employment with INTERSTATE IMPROVEMENT, INC. shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with INTERSTATE IMPROVEMENT, INC. is terminable at will for any reason by either party.
- 12. If INTERSTATE IMPROVEMENT, INC. pays my personal expenses on my behalf, I will reimburse the Company via payroll deduction.
- 13. I understand that I am required to possess a direct deposit banking account to receive my wages. If I should start working without a direct deposit banking account, I understand that payment of wages may be delayed.
- 14. I understand that I am required to carry a valid driver's license and unexpired medical card while operating any company-owned vehicle, whether on or off the jobsite.
- 15. I understand that I am obligated to complete and submit all required new hire paperwork prior to commencing work. If required paperwork is not submitted upon hire and throughout my ongoing course of employment, INTERSTATE IMPROVEMENT, INC. has the right to withhold payment of wages and suspend and/or terminate my employment.
- 16. I understand that I must abide by the rules and provisions of the substance abuse program mandated by INTERSTATE IMPROVEMENT, INC., which may include pre-employment, reasonable suspicion, post-incident, and random drug and/or alcohol testing.
- 17. I understand the EEO Policy of INTERSTATE IMPROVEMENT, INC. and agree to abide by the terms set within. I understand that I shall not engage in any discriminatory behavior. I also understand the procedure for reporting instances of such behavior to management. INTERSTATE IMPROVEMENT, INC. encourages the recruitment of females and minorities. INTERSTATE IMPROVEMENT, INC. is an Equal Opportunity / Affirmative Action employer.

Clamatura of Annlicant	Data
Signature of Applicant	Date
	 2 4.0