



EMPLOYMENT APPLICATION

Please complete and fax to 651-484-5327
Or mail to 3230 Rice Street, St. Paul, MN 55126-3047

GENERAL INFORMATION: (please print)			
Last Name:	First:	Middle:	Date:
Address:			Home Phone:
Social Security Number:		Are you 18 Years or Older?	Additional Phone:
Position(s) Desired: 1.) 2.) 3.)			Pay Expected: Date You Can Start:
How did you learn about us?			
<input type="checkbox"/> Web Site	<input type="checkbox"/> FPI Employee	<input type="checkbox"/> Union	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Walk In	<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	_____
Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so when?			
Have you ever been convicted of a felony within the last five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please explain?			
Are you eligible for employment in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state briefly why you want to work at FPI Paving Contractors Inc and skills you have to provide:			

EDUCATION:				
<u>School Level</u>	<u>Name and Location of School</u>	<u>Years Attended?</u>	<u>Graduate?</u>	<u>Subjects Studied</u>
Grammar School				
High School				
College				
Trade Business or Correspondence				

FORMER EMPLOYERS (starting with last one first)			
1.)	Company Name and Address:		Telephone Number and Supervisor:
	Job Duties:		Start date: Stop date:
	Reason for Leaving:		May we contact your employer? Rate of Pay:

2.)	Company Name and Address:		Telephone Number and Supervisor:
	Job Duties:		Start date: Stop date:
	Reason for Leaving:		May we contact your employer? Rate of Pay:

3.)	Company Name and Address:		Telephone Number and Supervisor:
	Job Duties:		Start date: Stop date:
	Reason for Leaving:		May we contact your employer? Rate of Pay:

REFERENCES: (give the names of three persons not related to you, whom you have known at least one year)			
Name	Address	Business	Years Known?
1.)			
2.)			
3.)			

Truck Driving

Month/Yr
Experience

Type of Equipment

Employer

- Tanker - Transport
- Tandem Axle Truck
- Tri Axle Truck
- Quad Axle Truck
- Bellydump
- Lowboy
- Equip. Transport
- Ready mix truck
- Boom truck

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Laborer

- Laborer (concrete)
- Laborer (base crew)
- Laborer (blacktop)
- Traffic Control

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Maintenance

- Diesel Mechanic
- Welder
- Parts Delivery
- Shop Help
- Parts Counter

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Operator

- Dozer
- Loader (5+ cy)
- Loader (5- cy)
- Bobcat
- Backhoe
- Crusher
- Motor Grader
- Paver
- Screed
- Roller
- Mill

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Office

- Accounting
- Human Resource
- Purchasing
- Safety/Osha
- Estimating

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“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulation, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing”

DATE: _____ SIGNATURE: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is voluntary and confidential. It will be kept separately from your application and any subsequent personnel file. We collect this information for the sole purpose of creating and maintain Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name: _____

Job Applied for: _____

Date: _____ Sex: Female Male

RACE:

_____ **African American (Black):**

All persons having origins in any of the Black African racial groups: not of Hispanic origin.

_____ **Asian or Pacific Islander:**

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

_____ **Caucasian (White, not of Hispanic origin)**

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Hispanic:**

All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ **Native American (American Indian) or Alaskan Native:**

All persons having origins in nay of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation, or recognition.

_____ Other: Please List _____

PERSON WITH A DISABILITY:

An individual:

- a. who has a physical or mental impairment (condition) that materially limits one or more major life activities; **or**
- b. who has a record of such impairment; **or**
- c. who is regarded as having such an impairment.

(Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning, and working.)

According to the above definition, are you disabled? Yes No

How did you first learn about this position? _____

We are an equal opportunity employer. We consider applicants for position without regard to race, color, religion, national origin, gender, disability, age, marital status, creed, status with regard to public assistance, sexual orientation, or other legally protected status.