

# EMPLOYMENT APPLICATION

## NIELSON CONSTRUCTION



P.O. Box 620  
 825 North Loop Road | 750 East Ridge Road  
 Huntington, UT 84528 | Price, UT 84501  
 435-687-2494 | 435-636-8514

Position Applying For:	
Schedule Desired	Can you Work
<input type="checkbox"/> Full Time	Shift Work
<input type="checkbox"/> Temporary	<input type="checkbox"/> Yes
<input type="checkbox"/> Seasonal	<input type="checkbox"/> No
<input type="checkbox"/> Part time	

Nielson Construction is an equal opportunity employer and does not discriminate on the basis of race, creed, color, sex, age, religion, disability or national origin. The Company only hires individuals authorized for employment in the United States.

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PERSONAL INFORMATION

Last Name	First Name	Middle Name		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address	City	State	Zip	How long have you lived there? Yrs.      Mo.
Previous Address	City	State	Zip	How long have you lived there? Yrs.      Mo.
Home Phone Number		Cell Phone Number		
Email Address				
Commercial Drivers's License Number:	Issuing State:	Expiration Date:	Endorsements:	

### EMPLOYMENT HISTORY

List employment with your most recent position. Account for any time during this period that you were unemployed.

May we contact your present employer?  Yes  No

Dates	Name and address of Employer	Position Held/Supervisor	Major Duties	Wage	Reason for Leaving
From: / Mo. Yr.	Name Address	Job Title		Start	
To: /	Phone	Supervisor		Final	
From: / Mo. Yr.	Name Address	Job Title		Start	
To: /	Phone	Supervisor		Final	
From: / Mo. Yr.	Name Address	Job Title		Start	
To: /	Phone	Supervisor		Final	
From: / Mo. Yr.	Name Address	Job Title		Start	
To: /	Phone	Supervisor		Final	

Applicant's Name: \_\_\_\_\_

### EMERGENCY CONTACT

Information provided is in the event of an emergency and is not used in the selection process.

Name	Address	Phone	Relationship to you?
Place of Employment	Address	Phone	

### EDUCATION

Type of School Graduate	Name and Location of School	Degree/Area of Study	Number of Years Attended	Did you Graduate?	
High School	Name			Yes	No
	City			State	<input type="checkbox"/>
College	Name			Yes	No
	City			State	<input type="checkbox"/>
Other	Name			Yes	No
	City			State	<input type="checkbox"/>

### MISCELLANEOUS

Have you ever worked for the Company before?

If yes:	When	Position	Supervisor
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List names of friends or relatives now employed by the Company and their relationship to you:

Have you ever been convicted of a crime?	If yes, please explain:
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### READ CAREFULLY

This certifies that his application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any falsification or omissions will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, employment and education background, and criminal record, whichever may be applicable. I understand what this investigation may include and I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical substance abuse, motor vehicle review examination, or other, as may be required by the Company. The Company will pay the reasonable cost of any such examination which may be required.

If I am hired, I agree that my employment and compensation is **AT WILL** and can be terminated with or without cause and without notice, at any time, at the option of the Company or myself.

I have read and affirm as my own the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

### DRIVING EXPERIENCE

Please list all releveant driving experience, including type of equipment:

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### DRIVING RECORD

A) List all motor vehicle accidents your were involved in during the past three years. Include date and nature of accident and any injuries or fatalities it caused.

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B) List all violations of motor vehicle laws or ordinances (other than parking violations) that you were convicted of or forfeited bond or colateral during the past three year.

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C) Have you ever been subject to any denial, revocation, or suspension of any license, permit or privilege that has been issued to you to operate a motor vehicle?  Yes  No If yes, then detail the facts and circumstances of such actions.

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If the answer to paragraph C above is No, then please read and certify the paragraph below.

Applicant must attach a currant Motor Vehicle Review documenting the information listed above.  
It is the appicant's respnsibility to obtain their MVR.

**I certify that I have not been subject to any denial, revocation, or suspension of any license, permit, or privilege that has been issued to me to operat a motor vehicle.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EQUAL OPPORTUNITY INFORMATION

The information below is requested as part of the affirmative action program and to provide statistical information in compliance with Federal and State regulations. Your response is strictly voluntary and will not result in any adverse treatment.

### EQUAL OPPORTUNITY INFORMATION

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

Racial/Ethnic Data:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> Native American Indian or Alaskan | <input type="checkbox"/> Hispanic          |
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian/Pacific Islander            | <input type="checkbox"/> Two or more races |

Sex

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Do you have any disabling or handicapping conditions?  Yes  No If yes, please describe:

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Position(s) applied for:

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