

## AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

Personal Information

| NAME:                     |   | S.S. NUMBER:          |                         |   |
|---------------------------|---|-----------------------|-------------------------|---|
| LAST                      | FIRST                                       | Ν                     | <b>A.I.</b>             |   |
| PRESENT ADDRESS:          |   |                       |                         |   |
|                           | STREET                                      | (                     | CITY                    | STATE                                     |
| PERMANENT ADDRE           | SS:   |                       |                         |   |
|                           | STREET                                      | (                     | CITY                    | STATE                                     |
| PHONE NUMBER:             |   |                       |                         |   |
|                           | HOME  |                       | WC                      | DRK                                       |
|                           | D OR OLDER? YES NO<br>N OR ALIEN AUTHORIZED |                       | E UNITED STATES         | ? YES 🗌 NO 🗌                              |
| Employment desired        |   |                       |                         |   |
| POSITION                  | DATE Y                                      | OU CAN START          | SALARY DE               | ESIRED                                    |
| ARE YOU EMPLOYED          | NOW?  | IF SO, MAY WE C       | ONTACT YOUR EM          | PLOYER?                                   |
| EVER APPLIED TO OR        | WORKED FOR BD CONSTR                        | RUCTION BEFORE        | E <b>?</b>              | WHEN?                                     |
| REFERRED BY:              |   |                       |                         |   |
| EDUCATION                 | NAME OF SCHOOL                              | YEARS<br>ATTENDED*    | DID YOU<br>GRADUATE? *  | SUBJECTS STUDIED                          |
| Grammar School            |   |                       |                         |   |
| High School               |   |                       |                         |   |
| College or Trade          |   |                       |                         |   |
| Other                     |   |                       |                         |   |
| SPECIAL SKILLS:           |   |                       |                         |   |
| AREAS OF STUDY:           |   |                       |                         |   |
| MILITARY SERVICE:         | RANK:                                       | MEMBER                | OF RESERVES OR          | GUARDS?                                   |
| DO YOU HAVE A VALI        |   | YES 🗌 NO 🗌            | NO. AND S'              |   |
| *The Age discrimination A | ct of 1987 prohibits discriminat            | ion on the basis of a | ge with respect to indi | viduals who are at least 40 years of age. |

## CONTINUED ON OTHER SIDE





#### Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

| ТЕ<br>1 ТО | EMPLOYER NAME & ADDRESS | SALARY | POSITION | REASON FOR LEAVING |
|------------|-------------------------|--------|----------|--------------------|
|            |                         |        |          |                    |
|            |                         |        |          |                    |
|            |                         |        |          |                    |
|            |                         |        |          |                    |
|            |                         |        |          |                    |
|            |                         |        |          |                    |

WHICH OF THESE JOBS DID YOU LIKE MOST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

| References: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU'VE KNOW FOR AT LEAST A YEAR. |               |          |             |  |
|---|---------------|----------|-------------|--|
| NAME  | ADDRESS/PHONE | BUSINESS | YEARS KNOWN |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |
|   |               |          |             |  |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

#### I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

| DATE:          | SIG       | NATURE: |                           |          |  |
|----------------|-----------|---------|---------------------------|----------|--|
|                |           | DC      | NOT WRITE BELOW THIS LINE |          |  |
| INTERVIEWD BY: |           | DATE:   | NEATNESS:                 |          |  |
| REMARKS:       |           |         | ABILI                     | TY:      |  |
| HIRED:         | POSITION: | DEPT:   | DATE & TIME REPORT:       | LOCATION |  |



Revised 12/31/2015



#### Applicant Information Sheet Do you have any experience in the following?

| Concrete Form Work (Building & Setting Forms)         | Yes   | No 🗌 |
|---|-------|------|
| Concrete Reinforcing (Placing & Tying Rebar, Re-Mesh) | Yes 🗌 | No 🗌 |
| Concrete Placement (Puddling, Striking)               | Yes 🗌 | No 🗌 |
| Concrete Finish (Hand Trowel)                         | Yes 🗌 | No   |
| Concrete Finish (Power Trowel)                        | Yes 🗌 | No 🗌 |
| Wood Frame Construction                               | Yes 🗌 | No   |
| Rough Carpentry                                       | Yes   | No   |
| Finish Carpentry                                      | Yes 🗌 | No 🗌 |
| Operating Forklift                                    | Yes 🗌 | No   |
| Metal Building Erection                               | Yes 🗌 | No 🗌 |
| Welding   | Yes 🗌 | No 🗌 |
| Reading Blueprints                                    | Yes 🗌 | No   |
| Using a Transit                                       | Yes 🗌 | No 🗌 |
| Using a Tamper  | Yes 🗌 | No 🗌 |
| Using a Power Trowel                                  | Yes 🗌 | No 🗌 |
| Operating a Bobcat                                    | Yes   | No   |
| Operating a Crane                                     | Yes 🗌 | No 🗌 |
| Operating a Dump Truck                                | Yes 🗌 | No   |
| Operating a Concrete Saw                              | Yes 🗌 | No   |

Please list any additional skills that you have that you think would be beneficial in considering your application.

### In order to consider your application please answer the following:

| Are you able to work out of town for extended periods?                   | Yes   | No 🗌 |
|--|-------|------|
| Are you capable of lifting 50#?  | Yes 🗌 | No 🗌 |
| Are you physically able to perform manual labor for extended time?       | Yes 🗌 | No 🗌 |
| Are you able to work in extreme cold and heat?                           | Yes 🗌 | No 🗌 |
| Would you be available to work weekends?                                 | Yes 🗌 | No 🗌 |
| Are you willing to work over 1 story above the ground?                   | Yes 🗌 | No 🗌 |
| Do you have a valid Drivers License?                                     | Yes   | No 🗌 |
| Have you ever had a your Drivers License revoked?                        | Yes 🗌 | No 🗌 |
| Have you ever been paid a Lost Time Benefit from Workman's Compensation? | Yes 🗌 | No 🗌 |
| Do you have computer skills?   | Yes   | No   |
| Do you speak any other languages?  | Yes 🗌 | No 🗌 |

CONTINUED ON OTHER SIDE

# WHAT'S THE **BD**?

Revised 12/31/2015



# MOTOR VEHICLE RECORD REQUEST

| Name:  |   |
|--|---|
| Address:   |   |
| City:  |   |
| Driver's License No:                                   | State:  |
| Social Security No:                                    | Marital Status: S M                               |
| Date of Birth:   | _ Date of Interview:                              |
|  |   |
| DRIVER-I hereby grant permission to BD Vehicle Record. | Construction, Inc./Kearney, NE to obtain my Motor |
| Signed this day of                                     | , 20  |
| Driver's Signature:                                    |   |

Thank you for you for considering BD Construction, Inc. of Kearney



Revised 12/31/2015