



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

DATE FROM TO		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: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____ NEATNESS: _____

REMARKS: _____ ABILITY: _____

HIRED: _____ POSITION: _____ DEPT: _____ DATE & TIME REPORT: _____ LOCATION _____

WHAT'S THE BD?

Revised 12/31/2015



Applicant Information Sheet

Do you have any experience in the following?

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

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

CONTINUED ON OTHER SIDE

WHAT'S THE BD?



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 Construction, Inc./Kearney, NE to obtain my Motor Vehicle Record.

Signed this _____ day of _____, 20__

Driver's Signature: _____

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

WHAT'S THE BD?

Revised 12/31/2015