



Employment Application

Applicant Name: _____

Today's Date: _____

Position Desired: _____

Cell / Home Phone Number: _____

Union: Yes / No Specify Union: Laborers / Finishers / 49'er Specify Class: Journeyman / Apprentice
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North Country Concrete, Inc. is an Equal Opportunity / Affirmative Action Employer
 North Country Concrete will not discriminate against or harass any employee or applicant for employment based on race, color, creed, religion, ancestry, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or on the basis of any other legally protected status.

Please return completed application to the Human Resources department:

North Country Concrete, Inc.
 23035 Ulysses Street NE
 East Bethel, MN 55005

www.northcountryconcrete.com

Incomplete applications will not be accepted. Application is active for 60 days from date received.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment and financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only of and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

For office use only:

Date received:	Prescreening date:
Interviewed: yes no	Date/time:
Hired: yes no	Date:
Position:	Wage:

PERSONAL INFORMATION

Name:		
Current Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail:
Social Security No.: - -	Date of Birth:	
Position Desired:	Apprentice: Yes / No	Hours:
Date you are available to start work:		
Do you have a valid driver's license in this state? Yes / No If yes, Specify Class: A B C D		

EDUCATION

High School:		
Address:		
City:	State:	Zip:
Did you graduate? Yes / No	Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	

Post-High School:		
Address:		
City:	State:	Zip:
Degree, Certification or Major Area of Study: Circle highest grade completed: 1 2 3 4		

CURRENT/PREVIOUS EMPLOYMENT

- All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years.
- Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle.

Employer:	Telephone:
Address:	Fax:
City:	State: Zip:
Dates of employment from: to:	Hourly rate/Salary:
Position Held:	
Name, Title & Phone Number of Immediate Supervisor:	
Reason for Leaving:	
Position held and job responsibilities:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes / No (Circle one)	
Were you subject to the FMCRs^ while employed? Yes / No (Circle one)	

Employer:	Telephone:
Address:	Fax:
City:	State: Zip:
Dates of employment from: to:	Hourly rate/Salary:
Position Held:	
Name, Title & Phone Number of Immediate Supervisor:	
Reason for Leaving:	
Position held and job responsibilities:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes / No (Circle one)	
Were you subject to the FMCRs^ while employed? Yes / No (Circle one)	
Employer:	Telephone:

Address:	Fax:
City:	State: Zip:
Dates of employment from:	to: Hourly rate/Salary:
Position Held:	
Name, Title & Phone Number of Immediate Supervisor:	
Reason for Leaving:	
Position held and job responsibilities:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes / No (Circle one)	
Were you subject to the FMCRs^ while employed? Yes / No (Circle one)	

Employer:	Telephone:
Address:	Fax:
City:	State: Zip:
Dates of employment from:	to: Hourly rate/Salary:
Position Held:	
Name, Title & Phone Number of Immediate Supervisor:	
Reason for Leaving:	
Position held and job responsibilities:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes / No (Circle one)	
Were you subject to the FMCRs^ while employed? Yes / No (Circle one)	

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD For past 3 years or more (attach sheet if more space is needed). If none, write NONE.

	Dates	Nature of Accident (head on, rear-end, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS and forfeitures for the past 3 years

Location	Date	Charge	Penalty

EXPERIENCE & QUALIFICATIONS – Driver List all drivers' licenses or permits held in the past three years

DRIVERS' LICENSES	State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No (Circle one)

B. Has any license, permit or privilege ever been suspended or revoked? Yes / No (Circle one)

If yes to either A or B above, give details _____

DRIVING EXPERIENCE

Class of Equipment	Circle Type of Equip	Dates	Dates	Approx No of Miles

		From (MM/YY)	To (MM/YY)	(Total)
Straight Truck Yes / No	(van, tank, dump, refer)			
Tractor & Semi-trailer Yes / No	(van, tank, dump, refer)			
Tractor – two trailers Yes / No	(van, tank, dump, refer)			
Tractor – three trailers Yes / No	(van, tank, dump, refer)			
Motor coach – school bus Yes / No	More than 8 passengers			
Motor coach – school bus Yes / No	More than 15 passengers			
Other				

List States operated in for the last five years:	
Which safe driving awards to you hold and from whom?	
List special courses or training that will help you as a driver:	
List trucking, transportation or other experience:	
List courses or training, if not listed elsewhere on this application:	
List special equipment or technical materials you can work with, if not listed elsewhere on this application:	

REFERENCES Please list one (1) non-relative who is familiar with your qualifications and actual work history and ability and one (1) personal reference.

Name:	Telephone:
Address:	Years Known:
City:	State: Zip:
Occupation:	Personal / Work Related Reference (Circle one)

Name:	Telephone:
Address:	Years Known:
City:	State: Zip:
Occupation:	Personal / Work Related Reference (Circle one)

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

GENERAL INFORMATION

Have you ever worked for North Country Concrete? _____ Yes _____ No
 If yes, When? _____

Do you have any friends or relatives employed by this company? _____ Yes _____ No
 If yes, please provide their names and relationship to you: _____

Do you have the legal right to work in the U.S.? _____ Yes _____ No
 VERIFICATION OF EMPLOYMENT ELIGIBILITY IS REQUIRED AT THE TIME OF CONDITIONAL JOB OFFER.

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? _____ Yes _____ No

If hired, do you have a reliable means of transportation to and from work? _____ Yes _____ No

Please read each statement carefully and initial each acknowledging your understanding

Equal Employment Opportunity Statement

North Country Concrete is committed to the principles of equal employment opportunity and is committed to making employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company. _____ (Initials)

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Unlawful discrimination or sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly as a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. _____ (Initials)

Disclosure to Applicants Concerning Drug/Alcohol Testing

If North Country Concrete gives you a conditional offer of employment, you will be required to take and pass a drug/alcohol test. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means that the conditional offer will be withdrawn. Neither the collector of specimens nor the medical professional who review the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. _____ (Initials)

Disclosure to Applicants Concerning Medical Examination

If North Country Concrete gives you a conditional offer of employment, you may be asked to undergo a pre-employment physical depending upon the position for which you have applied. If the physical examination evidences that you cannot perform the job for which you have applied for without unreasonable accommodation, then the conditional offer of employment will be withdrawn. _____ (Initials)

Disclosure to Applicants Concerning Background Check

If North Country Concrete gives you a conditional offer of employment, you will be asked to agree to a background check performed by the Minnesota Bureau of Criminal Apprehension. If the background check comes back with information North Country Concrete deems as unfavorable, then the conditional offer of employment will be withdrawn. _____ (Initials)

Please read the following carefully before submitting this application:

By placing my signature on this Employment Application, I verify that all of the information that I have provided on this document is true and accurate. I understand that by providing false or misleading information on this application or during the interview process that I have forfeited my possible employment with North Country Concrete and I understand that I maybe terminated if it is discovered after I have begun my employment that I provided false or misleading information during the application or interview process.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and North Country Concrete is “At-Will” so that both the company and I remain free to choose to end our work relationship with or without cause and with or without notice. Any changes in this employment relationship must be made in writing. Finally I understand that this Employment Application is the property of North Country Concrete and that if I am hired a copy of this document will be retained in my personnel file.

Applicant Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

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 maintaining Equal Employment Opportunity and Affirmative Action records. We greatly appreciate your cooperation with our EEO/AA efforts.

Name: _____

Job Applied For: _____ Date: _____

SEX: Male/ Female (Circle one)

RACE:

_____ African American _____ Asian or Pacific Islander _____ Caucasian
_____ Hispanic _____ Native American
_____ Other (Please list) _____

PERSON WITH A DISABILITY

- a. An individual 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 (Circle one)

VETERAN

Are you a Vietnam era veteran, special disabled veteran, recently separated veteran, and veteran who served on active duty during a war in a campaign or expedition for which a campaign badge has been authorized?
Yes / No (Circle one)

SECTION 3

Do you live in one of the following Counties? Yes / No (Circle one)

If yes, circle one:

Anoka Carver Chisago Dakota Hennepin Isanti
Ramsey Scott Sherburne Washington Wright Pierce, WI
St. Croix, WI

Are you a Public Housing resident? Yes / No (Circle one)

Do you participate in a local YouthBuild Program? Yes / No (Circle one)

Is your annual household income under the limits below? Yes / No (Circle one)

Family Income	
Size	Limit
1	\$45,500
2	\$52,000
3	\$58,500
4	\$65,000
5	\$70,200
6	\$75,400
7	\$80,600
8	\$85,800