

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Holtmeier Construction, Inc. is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital or veteran status or any other legally protected status. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. Holtmeier Construction, Inc. will make reasonable accommodations in the application process, if needed.

HOLTMEIER CONSTRUCTION, INC.

3301 Third Avenue
Mankato, MN 56001
Phone: 507-389-9112
Fax: 507-389-9703
Web: www.holtmeierinc.com



Today's Date: _____

Name (Print): _____
Last First Middle

Address: _____
Street
City State Zip

Phone: Home: _____

Other: _____

Position Desired: _____

Salary Desired: _____

When are you available for employment? Date: _____

Seeking: ☐ Full-Time ☐ Part-Time ☐ Temporary

Emergency Contact _____

Contact Phone _____ Relation _____

Have you ever been employed by Holtmeier, Inc.? ☐ No ☐ Yes - if so when? _____

Can you furnish proof that you are legally eligible for employment in the United States? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ No ☐ Yes - what type: ☐ Operator's (Private Vehicle)

☐ CDL (copy of license, medical card, and driver history needed) HAZMAT Endorsement ☐ Yes ☐ No

Driver's license number: _____ State/Exp: _____

Do you have any relatives or friends working at Holtmeier, Inc.? ☐ No ☐ Yes - please list: _____

How did you hear about this job? _____

EMPLOYMENT HISTORY *(Most recent first)*

1. Job Title:		Equipment Operated/Duties:			
Employer:					
Dates of Employment (month/year) From: _____ To: _____					
Starting Salary:		Ending Salary:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:					
Supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Reason for Leaving:					
2. Job Title:		Equipment Operated/Duties:			
Employer:					
Dates of Employment (month/year) From: _____ To: _____					
Starting Salary:		Ending Salary:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:					
Supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Reason for Leaving:					
3. Job Title:		Equipment Operated/Duties:			
Employer:					
Dates of Employment (month/year) From: _____ To: _____					
Starting Salary:		Ending Salary:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:					
Supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Reason for Leaving:					

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	DATES ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED	DID YOU GRADUATE?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: _____

SKILLS/EQUIPMENT OPERATED

Maintenance Skills			
Computer Skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> WPM	
Languages			
Other Special Knowledge or Skills			

MSHA Training? ☐ Yes ☐ No OSHA Training? ☐ Yes ☐ No

EQUIPMENT DESCRIPTION	MODEL # / SIZE	6 MONTHS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 OR MORE
Road Broom Sweeper							
Rollers / Packers							
Water Truck / Water Wagon							
Front-End Loader							
Farm Tractors							
Articulating Tractors							
Articulating Tractor w/ Scraper Units							
Smoothing Scraper Operation							
Articulating Haul Trucks (Off-Road)							
Tandem Axle Dump Trucks (CDL)							
Tractor Trailer Trucks (CDL)							
Lube/Service Truck							
Heavy Equipment Hauling (CDL)							
Bull Dozer Operation (Clearing, etc.)							
Bull Dozer (Finish Grade)							
Back-hoe							
Track-hoe (track and rubber tired) Excavator							
Motor-Grader Operation							
Motor Grader (Finish Grade)							
GPS Operation on Dozers, Motor Graders, Excavators, Tractors, etc.							
Fork Lift							
Rock Crusher/Screens:							
Other:							
Other:							
Other:							
Other:							

Please describe any other experience, abilities or skills that might be helpful in considering your application: _____

PLEASE READ AND SIGN THE BACK OF THIS APPLICATION BEFORE SUBMITTING.

Please list 3 references, not relatives or former employers.

REFERENCES		
NAME	ADDRESS	PHONE

CERTIFICATION & AUTHORIZATION
<p>I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application (whether intentional or un-intentional) are grounds for disqualification from further consideration or, if hired, immediate termination.</p> <p>I authorize Holtmeier Construction, Inc. to check all references from current and previous employers and any person listed as a reference on this application that may be relevant to my employment or my ability to perform the job for which I applied. I authorize the company to verify any of the information furnished in this application including, but not limited to, criminal history and driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background that may be relevant to evaluation of this application and I hereby release any such persons, schools, companies and law enforcement authorities from any liability or damages whatsoever for issuing this information to this company and/or its agents.</p> <p>If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at-will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law. At no time shall any oral statement by the management of Holtmeier Construction, Inc. be construed as giving rise to or creating a contract of employment between Holtmeier Construction, Inc. and me or any other employee, or otherwise alter or modify the "at-will" nature of the employment relationship.</p> <p>I understand that Holtmeier Construction, Inc. prohibits the use and possession of controlled substances and/or alcohol on its premises. As required by the company's policies, I am willing to submit to drug and alcohol testing to detect the use of illegal drugs or alcohol prior to and during employment.</p> <p>I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.</p> <div><div>Signature of Applicant</div><div>Date</div></div>

OFFICE USE ONLY
Date of Review: _____
Reviewed by: _____ Title: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred

New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # (last 4 digits) _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: ☐ Male ☐ Female

Signature _____

Date _____

If you should have any questions regarding this form, please contact Human Resources.