

Application for Employment

Omann Brothers Inc.

(pre employment questionnaire, an equal opportunity employer)

Date _____

PLEASE FILL OUT ENTIRELY

Personal Information:

Name: _____ Date of Birth _____
Last First Middle

Present address _____
Street City State Zip

Permanent address _____
(if different from above) Street City State Zip

Social Security Number _____ Telephone Number _____

Are you either a U.S. citizen or an alien authorized to work in the United States Yes No

Employment Desired:

Position applying for: _____ Date you can start work: _____ Wage Desired: _____

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever applied to this company before? _____ When? _____

Referred by: _____

Education:

	Name and Location of school	Years Attended	Did you complete	Main areas of study
Grammar school				
High school				
College or University				
Trade or Business school				

Special areas of study or research work that may be beneficial to the position you are applying for: _____

Special Skills: _____

U.S. Military service: _____ Rank: _____ Are you currently active for duty or training? _____

Other activities or organizations in which you belong: _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of it's members

Previous Employment History:

List all the previous employers, starting with the last one, over the past 3 years

Name: _____ Telephone Number: _____

Address: _____

Date of employment from: _____ to: _____

Position _____ Beginning wage: _____ Ending wage: _____

Reason for leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Date of employment from: _____ to: _____

Position _____ Beginning wage: _____ Ending wage: _____

Reason for leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Date of employment from: _____ to: _____

Position _____ Beginning wage: _____ Ending wage: _____

Reason for leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Date of employment from: _____ to: _____

Position _____ Beginning wage: _____ Ending wage: _____

Reason for leaving: _____

Name: _____ Telephone Number: _____

Address: _____

Date of employment from: _____ to: _____

Position _____ Beginning wage: _____ Ending wage: _____

Reason for leaving: _____

USE THE BACK OF THIS SHEET FOR ADDITIONAL SPACE

Which of these jobs did you like best? _____

What did you like most about this job? _____

Which of these jobs did you like the least? _____

Why? _____

Personal References:

give the names of at least three people not related to you whom you have known at least one year

years
acquainted:

Name: Address / Phone Business

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

"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 termination. I understand and agree that, if hired, my employment is for no definite 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: _____

This form has been designed strictly to comply with State and Federal fair employment practice laws prohibiting employment discrimination.

Motor Vehicle Report Authorization:

In connection with your application for employment, or employment as a driver with Omann Brothers, Inc., Omann Brothers Paving, Inc. We will obtain a motor vehicle report to verify your driving record. Please sign below and provide us with your authorization to obtain this report.

I authorize Omann Brothers, Inc. Omann Brothers Paving, Inc. to obtain a motor vehicle report in connection with my application for employment, or employment as a driver.

Print Name

Applicant / Employee Signature

Drivers License Number and State

Date of Birth

OMANN

Brothers Incorporated

Asphalt Paving
Commercial/Residential

6551 Labeaux Ave. N
Albertville, Mn 55301

763-497-8259 / 763-497-8261 Fax

COMMERCIAL VEHICLE DRIVER APPLICANT Controlled Substance and Alcohol Questionnaire Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name _____
(First) (Middle) (Last)

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	YES	NO
If YES- Have you successfully completed the return-to-duty process?	YES	NO
If YES- Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

(Applicant's Signature)

(Date Signed)

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

Request From:

OMANN

Brothers Incorporated

Asphalt Paving
Commercial/Residential

6551 Labeaux Ave. N
Albertville, Mn 55301

763-497-8259 / 763-497-8261 Fax

Name of Applicant: _____ SSN _____

Job Applying for: _____

I Hereby Authorize the release of Information from my Department of Transportation regulated drug and alcohol testing records by my previous employer. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25.

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

Date: _____ Signature: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Inquiry into employment history, Preceding 3 years

Did applicant work for you as a _____ From ___/___/___ to ___/___/___ YES or NO?

If NO, Please explain: _____

IF employed as a driver, please answer the following: Company Drive? _____ Owner/Operator? _____

Type of truck(s) and/or truck/trailer(s) operated: _____

Commodities transported: _____ Area of Operation: _____

Accidents? YES or NO If YES, please give date(s) and brief description of each accident:

Why did this employee leave your company? _____

Would you reemploy this person? YES or NO If NO, please explain: _____

Additional comments: _____

Inquiry for alcohol and controlled substances information

- | | | |
|--|-----------|------------------------------|
| 1. Alcohol tests with result of 0.04 or greater? | YES or NO | If yes, please give date(s): |
| 2. Verified positive controlled substances test result..... | YES or NO | If yes, please give date(s): |
| 3. Refusals to be tested?..... | YES or NO | If yes, please give date(s): |
| 4. Was there any other violations of DOT agency drug and alcohol testing regulations?..... | YES or NO | If yes, please give date(s): |
| 5. Did a previous employer report a drug or alcohol violation to you? | YES or NO | If yes, please give date(s): |
| 6. Was Rehabilitation completed as required?..... | YES or NO | If yes, please give date(s): |

NOTE: If you answered yes to item 5 you must provide the previous employers report. If you answered yes to item 6, you must provide the appropriate return to duty documentation (e.g. SAP reports, and followup testing records)

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

Date: _____ Signature: _____