

# APPLICATION FOR EMPLOYMENT



## TOMAN ENGINEERING COMPANY

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview should notify a representative of Toman Engineering Company.

**(PLEASE PRINT)**

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

Telephone: \_\_\_\_\_ Mobile/Other: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\* If you are under 18, and it is required, can you furnish a work permit?  Yes  No If NO, please explain: \_\_\_\_\_

\* Have you ever filed an application with us before? \_\_\_\_\_  Yes  No If YES, give date: \_\_\_\_\_

\* Have you ever been employed here before? \_\_\_\_\_  Yes  No If YES, give dates and positions: \_\_\_\_\_

\* Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

\* Date available for work: \_\_\_\_\_ \* Desired salary range (\$) \_\_\_\_\_

\* Type of employment desired:  Full Time  Part Time  Temporary  Summer

\* Are you currently employed? \_\_\_\_\_  Yes  No \* May we contact your current employer? \_\_\_\_\_  Yes  No

\* Are you currently on "lay off" status and subject to recall? \_\_\_\_\_  Yes  No

\* Do you have a valid North Dakota Driver's License? \_\_\_\_\_  Yes  No Driver's License Number: \_\_\_\_\_

\* Driving record: list any violations: \_\_\_\_\_

**Answering YES to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.**

\* Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If YES, please provide date(s) and details:

### SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

### EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| Employer:            | Dates Employed     |       | Work Performed |
|----------------------|--------------------|-------|----------------|
|                      | From               | To    |                |
| Address:             |                    |       |                |
| Telephone Number(s): | Hourly Rate/Salary |       |                |
|                      | Starting           | Final |                |
| Job Title:           |                    |       |                |
| Reason for Leaving:  |                    |       |                |

|                      |                                |       |                |
|----------------------|--------------------------------|-------|----------------|
| Employer:            | Dates Employed<br>From      To |       | Work Performed |
| Address:             |                                |       |                |
| Telephone Number(s): | Hourly Rate/Salary<br>Starting | Final |                |
| Job Title:           |                                |       |                |
| Reason for Leaving:  |                                |       |                |

|                      |                                |       |                |
|----------------------|--------------------------------|-------|----------------|
| Employer:            | Dates Employed<br>From      To |       | Work Performed |
| Address:             |                                |       |                |
| Telephone Number(s): | Hourly Rate/Salary<br>Starting | Final |                |
| Job Title:           |                                |       |                |
| Reason for Leaving:  |                                |       |                |

| EDUCATIONAL BACKGROUND        |                 |  |     |             |
|-------------------------------|-----------------|--|-----|-------------|
| School (Include City & State) | Years Completed | Completed  | GPA | Major/Minor |
|                               |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certification<br><input type="checkbox"/> Other |     |             |
|                               |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certification<br><input type="checkbox"/> Other |     |             |

**REFERENCES**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references.

| Name | Title | Relationship to you | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
|      |       |                     |           |                       |
|      |       |                     |           |                       |
|      |       |                     |           |                       |

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

**APPLICANT STATEMENT**

I understand that the employer follows and "employment at will" policy in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of three (3) months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements made herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

Date Interviewed: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Starting Pay Rate: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_