

13792 - 247<sup>th</sup> Avenue NW Zimmerman, MN 55398 Kari@steinbrechercompanies.com

Phone: Fax: 763-274-0925 763-274-0928

## Application for Employment - Operators/Laborers/Drivers

Date:		
Name:		
Address:		Date of Birth:
		Phone:
Do you have lawful proof you can work in the US?	Yes/No	
Have you ever worked under another name?	Yes/No	
If yes please list nam	e:	
Have you ever applied at Steinbrecher Companies, Inc	before?	
	Yes/No	Dates:Position:
Have you ever been employed at Steinbrecher Compan	ies, Inc b	pefore?
	Yes/No	Dates: Position:
How did you hear about the open position?		
Do you have a valid Driver's License?	Yes/No	Class:
License #	State _	Expiration Date:
Please list other current licenses, certifications, and/or	registra	tions
Do you currently have a DOT Physical?	Yes/No	Expiration Date:
Education History: Please check the levels completed		
☐ Elementary	List the	Name of College or Vo. Tech Attended?
☐ High School		
College/Tech School  o 1 year  o 2 years  o 3 years  o 4 years	List any	y Continuing Education classes you've
Degree Earned?		
Are you currently enrolled in curricular programs?	Y	'es/No
When do you graduate?		

|--|

### Availability?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

What is your desired starting pay? \$\_\_\_\_\_/hr. Are you Available for Overtime? Yes/No

### Have you ever worked in the following positions?

Driven truck,	Yes/No	Hauled aggregate	Yes/No
Delivered roll-offs	Yes/No	Hauled equipment	Yes/No
Loaded trucks	Yes/No	Work in Customer Service	Yes/No

### Have you worked in any of the following industries?

Excavating	Yes/No	Rolloff/Dumpsters	
Septic Systems	Yes/No	<ul> <li>Knowledge on how to set</li> </ul>	Yes/No
Snowplowing	Yes/No	boxes onsite without damage	
Demolition	Yes/No	to surface.	
Worked directly with Customers	Yes/No	<ul> <li>Knowledge of DEMO/MSW materials</li> </ul>	Yes/No

Detail work done in the above industries (use additional sheet of paper if necessary.)

# On a scale of 1-5 rate your onsite and operating knowledge of the following:

	not operated uipment				I have a lot of experience with this equipment
Read/understand Blue Prints	1	2	3	4	5
Understanding of Elevations/ Use of grade stick	1	2	3	4	5
Loading equipment on trailer	1	2	3	4	5
Excavator	1	2	3	4	5
Skid Loader	1	2	3	4	5
Front-End Loader	1	2	3	4	5
Dozer	1	2	3	4	5
Med-Heavy Duty Trucks	1	2	3	4	5
(14,000lbs or bigger)					
Roll-off Trucks	1	2	3	4	5

(Circle all that apply):		Cable Truck	Hook Truck	Automatic	Manual
Have you ever perfo	rmed m	naintenance/mechar	nical work on the	following equipmen	nt?
Pickup Trucks	Yes/No	Type of work done: _			
Diesel Engines	Yes/No	Type of work done: _			
Excavator	Yes/No	Type of work done: _			
Skid Loader	Yes/No	Type of work done: _			
Front-End Loader	Yes/No	Type of work done: _			
Dozer	Yes/No	Type of work done: _			
Previous Employmer					
_		bsence or have you b			Yes/No
Reason for le	aving th	nis position?			
Can we conta	_	-	lo If no, wh	ny?	
2. Previous Employe	r:				
Manager Name	e:		Phone: _		
Reason for le	aving th	nis position?			
Can we conta	ct this	employer? Yes/N	lo If no, wh	ny?	
Are you eligible for	recall to	o any other compan	y?		Yes/No
Steinbrecher Companies, I	nc Opera	tor-Laborer Employment A	Application		<b>3  </b> P a g e

If Yes,	vhat company?
Refere	
Please	ist two (2) references: they can be personal or work related, NO Relatives please.
1.	Name:
	Phone:
	How long have you known them:
	Relationship to reference:
2.	Name:
	Phone:
	How long have you known them:
	Relationship to reference:
IN CAS	OF AN EMERGENCY PLEASE NOTIFY: Name: Phone:
	Relationship to contact:
withhe unders applica I HEREI report reputate employ may ob I HERE attended may be with the I HERE including applications.	APPLICANT'S CERTIFICATION AND AGREEMENT  (CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly any facts, circumstances or other information which would, if disclosed, affect my application. I further not that any false or misleading statement or omission of pertinent information will result in the rejection of my ion, or in dismissal if discovered, subsequent to my employment.  (AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that a DMV not an Investigative Consumer Report; including but not limited to, information as to my character, general on, personal characteristics, and way of living; will be made. These will be required as a condition of ment. I, upon written request to the Company made within a reasonable time after the date of this application, an a complete and accurate disclosure of the nature and scope of the investigation requested.  (AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school of, and each person, firm, or corporation given as references above, to furnish at any time, any information which cought concerning me and my work habits, character or skill, and any other data required, whether in connection application or for purposes of complying with surety company requirements or otherwise.  (AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, getests for the presence of illegal drugs or alcohol, prior to and during employment, within a time perioded by the Company and as often as directed during employment.
Signat	ire Date