

Olson Gravel, Inc.

Employment Application

34508 State Highway 92 SE
Trail, Minnesota 56684

Phone: 218.268.4765
Fax: 218.268.4766
E-mail: olsongravel@gvtel.com
Website: www.olsongravel.com

NOTICE TO ANY PERSON SEEKING EMPLOYMENT WITH OLSON GRAVEL, INC.

Those applicants requiring reasonable accommodations to the application and/or interview process should notify Olson Gravel, Inc. via phone at (218) 268-4765.

Your application will be considered for the position for which you apply only if the following conditions are met:

- You must complete the entire application even if you have attached/submitted a resume.
- You must sign and date on the back of the application.

After the time period for accepting applications closes, all applications will be reviewed. You will be contacted via letter or phone regarding the outcome of the evaluations. All resumes and applications are kept on file for one (1) year.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Olson Gravel, Inc is an equal opportunity employer and will not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disabilities, marital status, status with regard to public assistance, sexual orientation, membership or activity in a local commission, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any lawful criteria. Olson Gravel, Inc will provide reasonable accommodation to qualified persons with a disability that substantially limits a major life activity, but who are otherwise able to perform the essential job functions of the job.

PRE-EMPLOYMENT RECORD CHECK

I understand that my employment may be contingent upon the results of a record background check that may include driver's license, education, employment and/or criminal record checks. Certain types of violations may result in my disqualification from employment.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with Olson Gravel, Inc, an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Position Applied for _____	Date of Application _____
Name _____	
Last	First
	Middle Initial

An Equal Opportunity Employer

PERSONAL INFORMATION

Name Last _____ First _____ Middle Initial _____

Present Address Street _____
City _____ State _____ Zip _____

Permanent Address Street _____ City _____ State _____ Zip _____

Phone Number Home () _____ Other () _____
If necessary, best time to call you at home is: _____ AM PM

If necessary, may we contact you at your present work? Yes No

If yes, work number () _____ **Best time to call** _____ AM PM

Email Address _____ **Are you 18 years or older?** Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

EMPLOYMENT DESIRED

Position Applying For: _____ **Available Start Date:** _____ **Salary Range:** _____

Ever Applied To This Company Before? _____ **When?** _____ **Where?** _____

Are You Employed Now? Yes No **Referred By:** _____

Type of Employment Desired: Regular Full-time Regular Part-Time Part-Time Temporary

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Will you work overtime if job requires it? Yes No **Comments:** _____

EDUCATION

	Name & Location of School	No. of Years	Did You Graduate?	Subjects Studied/Major and/or Minor
High School	_____	_____	_____	_____
College (1)	_____	_____	_____	_____
College (2)	_____	_____	_____	_____
Trade, Technical or Correspondence School	_____	_____	_____	_____

Summarize any special training, skills, licenses, registrations (list state, number & expiration), and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying for:

GENERAL

Subjects of Special Study or Research: _____

Special Skills: _____

Civic or Volunteer Activities: _____

FORMER EMPLOYERS

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone # ()	Dates Employed		Summarize the Type of Work Performed and Job Duties
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rate / Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate / Salary		
		Final		
		\$	Per	
Employer	Telephone # ()	Dates Employed		Summarize the Type of Work Performed and Job Duties
Address		From	To	
Starting Job Title / Final Job Title		Hourly Rate / Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate / Salary		
		Final		
		\$	Per	
Employer	Telephone # ()	Dates Employed		Summarize the Type of Work Performed and Job Duties
Address		From	To	
Starting Job Title / Final Job Title		Hourly Rate / Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate / Salary		
		Final		
		\$	Per	

COMMENTS

(Including explanation of any gaps in employment)

PROFESSIONAL REFERENCES

Name	Relationship	Company/Business	Phone Number	Email Address (optional)
1.			()	
2.			()	
3.			()	
4.			()	

APPLICANT STATEMENT

I certify that all the information I have provided to Olson Gravel, Inc is true, complete and correct.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Olson Gravel, Inc. that may be required to make an employment decision.

In consideration of my employment, I agree to conform to the Company's rules and regulations.

I also agree and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I understand that if I am hired I will be an at-will employee.

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 ADMINISTRATIVE USE ONLY****Position(s) applied for:** Available Not Available**Hired** Yes No**Position hired for:** _____**Date of hire:** _____**Notes:** _____**Completed by:** _____**Date:** _____

EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with you, I understand that investigative background inquiries are to be made on myself. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving record, credit information, criminal history, civil history and other experiences, as well as claims involving me in the files of insurance companies and workers' compensation claims.

Full Name: (First, MI, Last) _____

Maiden, alias, or former names: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

State of Issuance: _____

Current Address: _____

City, State, Zip, County: _____

of years at current address: _____

Previous Address: _____

City, State, Zip, County: _____

of years at previous address: _____

"I authorize, without any reservation, any party or agency contacted by the Employer, or this employer's representative, to furnish the aforementioned information. With regard to the following disclosures, I hereby agree to release any person, company, governmental agency or other entity from any and all causes of action that otherwise might arise from supplying the Employer with information it may request pursuant to this Employment Inquiry Release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my employment application, this release or any related document, will be sufficient for rejection of my application or for my immediate discharge should falsifications or misrepresentations be discovered after I am employed."

If desired, please explain any criminal records that might be found during our background check:

Signature of Applicant: _____

Date: _____

Olson Gravel, Inc.

DRIVER'S QUESTIONNAIRE

Full Name	_____	_____	_____
	Last	First	Middle Initial
Address	_____	_____	_____
	Street Address	City	State Zip Code
Driver's License Number*	_____	State of License	_____
Date of Birth	_____	Today's Date	_____
	MM / DD / YY		MM / DD / YY

DRIVER HISTORY

Violations*	Type of Violations	Number of times in the last 3 years:	Date(s):
	Speeding	_____	_____
	DUI	_____	_____
	Reckless Driving	_____	_____
	Other Moving Violations – list:	_____	_____

1. Automobile accidents in the last three (3) years while operating an automobile. List dates and explanation.

2. Have you ever had your Driver's License suspended? List date and reason. _____

3. Are you required to file proof of insurance with the State Highway Department? _____
4. Do you have liability insurance on your personal vehicle? If so, list name of Insurance Co. _____
5. Have you ever had a License in a state (s) other than listed above? List state(s) and dates. _____

I certify that the statements contained in this questionnaire are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this questionnaire shall be grounds for dismissal.

I authorize investigation of all statements contained herein, including release of my complete driver's record by the State Motor Vehicle Department, and release the company from all liability for any damage that may result from utilization of such information.

*Federal Law requires all drivers to notify their employer of any suspension, revocations or moving violations received while driving any vehicle, and to have only one driver's license. Violators are subject to fine or imprisonments.

Signature: _____ Date: _____