



APPLICATION FOR EMPLOYMENT

3151 Highway 53, Suite 1

International Falls, MN 56649

PHONE: 218-283-3700 FAX: 218-283-1043

EMAIL: jobs@wagnerconstructioninc.com

DATE: _____

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ MOBILE PHONE: _____

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____ EMAIL: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

DRIVERS LICENSE #: _____ STATE: _____ CLASS _____

EMPLOYMENT DESIRED

POSITION: _____

Pipe Layer Labor Operator Mechanic

DATE AVAILABLE TO START: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT PRESENT
EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY: _____

LOCATIONS WILLING TO WORK: MN ND SD WI MI NE MT AZ TX CO NM ANYWHERE (CIRCLE EACH)

EDUCATION

HIGH SCHOOL: _____ DID YOU GRADUATE? _____
NAME LOCATION

COLLEGE: _____ DID YOU GRADUATE? _____
NAME LOCATION

DEGREE _____

TRADE SCHOOL: _____ DID YOU GRADUATE? _____
NAME LOCATION

DEGREE _____

OTHER: _____ DID YOU GRADUATE? _____

TRAINING CERTIFICATES, UNION AFFILIATION, AND JOB EXPERIENCE:

EMPLOYMENT HISTORY

CURRENT EMPLOYER:_____ DATES OF EMPLOYMENT:_____

POSITION:_____ REASON FOR LEAVING:_____

SUPERVISORS NAME:_____ SUPERVISORS CONTACT #:_____

PREVIOUS EMPLOYER:_____ DATES OF EMPLOYMENT:_____

POSITON:_____ REASON FOR LEAVING:_____

SUPERVISORS NAME:_____ SUPERVISORS CONTACT #:_____

PREVIOUS EMPLOYER:_____ DATES OF EMPLOYMENT:_____

POSITION:_____ REASON FOR LEAVING:_____

SUPERVISORS NAME:_____ SUPERVISORS CONTACT #:_____

REFERENCES (NOT RELATED TO YOU)

NAME:_____ BUSINESS:_____ YEARS AQUAINTED:_____ PHONE:_____

NAME:_____ BUSINESS:_____ YEARS AQUAINTED:_____ PHONE:_____

EMERGENCY CONTACT

IN CASE OF
EMERGENCY,
NOTIFY:_____

NAME

ADDRESS

PHONE NO.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Wagner Construction, Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Wagner Construction Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by a Company Representative. Both the undersigned and Wagner Construction Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer and encourage women and minorities to apply. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

Submit Application