



**APPLICATION FOR EMPLOYMENT**

**PLEASE READ CAREFULLY AND FILL OUT COMPLETELY**

Today's Date _____	
Name :	_____
	First, Middle, Last, Maiden
Present Address :	_____
	Number, Street, City, State, Zip
How long at this address ?	_____
Telephone number including area code :	_____
Alternate telephone number :	_____
Social Security number	_____
Birthdate :	_____ If under 18, please list age _____
Are you a citizen of the United States?	_____ If not, do you have work papers ? _____

Position applied for	_____
Starting wages desired (be specific)	_____
Are you available for emergency boardups? (24/7)	_____
Type of employment desired :	<input type="checkbox"/> FULL-TIME
	<input type="checkbox"/> PART-TIME
When are you available to start ?	_____

Do you have a valid Driver's License?	_____	License number	_____	
State of Issue	Expiration date	_____	Class	_____
Have you had any accidents in the past three years ?	_____	How Many ?	_____	
Have you had any moving violations in the past three years?	_____	How Many ?	_____	
Explain accidents and violations :	_____			

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR/DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
BUSINESS OR TRADESCHOOL				
OTHER				
OTHER				

Answering yes to these questions does not constitute an automatic rejection of employment. Date of the offense, seriousness, nature of the violation, rehabilitation and position applied for will be taken into consideration

Have you ever pled guilty or no contest to or been convicted of a crime? \_\_\_\_\_

If yes, please use this space to explain dates and details. \_\_\_\_\_

Do you have any limitations or work restrictions that may require accomodation? (if so, please explain) |

### MILITARY EXPERIENCE

Have you ever been in the armed forces? \_\_\_\_\_

Are you currently a member of the National Guard ? \_\_\_\_\_

Date entered : \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Specialties \_\_\_\_\_

Please list two references other than relatives or previous employers

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____
Years known _____	Years known _____

**EMPLOYMENT HISTORY**

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

Please list your work experience for the past five years beginning with the most recent job held  
 If you were self-employed, give company name

NAME OF EMPLOYER ADDRESS OF EMPLOYER	NAME OF LAST SUPERVISOR	DATES WORKED	PAY OR SALARY
YOUR JOB/POSITION TITLE :			
Phone :	REASON FOR LEAVING		
his space to explain job duties, skills learned			

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# MAVERICK CONSTRUCTION

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<b>PLEASE READ CAREFULLY – APPLICATION FORM WAIVER</b>
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In exchange for the consideration of my job application, 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 the company, 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 the President of the Company. Both the undersigned and the company 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 acts.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (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.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. 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 opportunities with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



**INFORMED CONSENT FORM**

**Requested information will be sent to :**  
Longhorn of Hanover  
11227 River Road NE  
Hanover, MN 55341  
Phone : 763-498-6500 / Fax : 763-498-7609

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME (not initial) \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

ALIASES OR FORMER NAMES \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX : (circle one)...                      Male                      Female

SOCIAL SECURITY NUMBER (optional) \_\_\_\_\_

**I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the employer named above for the purposes of employment with that company.  
The expiration of this authorization will be one year from the date of my signature.**

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Signature Date