



DAHME CONSTRUCTION CO., INC.

P.O. BOX 407 ABERDEEN, SD 57402-0407 • 605-225-3917 FAX 605-225-5519

"EXCAVATION, WATER & SEWER CONTRACTOR"

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(Please Print)

Last Name _____ First Name _____ Middle Name _____

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us? _____ Best time to contact you: _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Email Address _____

Social Security Number (Voluntary) _____ Driver's License No. _____

Do you have a CDL License? ☐ Yes ☐ No If so, which class(es). _____

Are you currently employed? _____ May we contact your current employer? _____

Are you currently on lay off status and subject to recall at your current employer? _____

Have you ever filed an application with us before? _____ Have you ever been employed with us before? _____

Do you have any friends or relatives other than your spouse that work for us? _____

Date available for work: _____ What is your desired starting salary? _____

Are you available to work ☐ full time ☐ part time ☐ Seasonal (dates available _____)

Can you travel if the job requires it? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in the US because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* ☐ Yes ☐ No

<u>EDUCATION:</u>	Name and State of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Please describe any specialized training, apprenticeships, skills or extra-curricular activities that you have had.

Please describe any job-related training received in the US military.

EMPLOYMENT EXPERIENCE: Start with your present or last job.

Employer (1): _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____ Dates Employed _____ Work Performed _____ _____	Employer (3): _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____ Dates Employed _____ Work Performed _____ _____
Employer (2): _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____ Dates Employed _____ Work Performed _____ _____	Employer (4): _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____ Dates Employed _____ Work Performed _____ _____

Please list any job-related military service assignment and volunteer activities. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Please list professional, trade, business or civic activities and offices held. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Other Qualifications:

Please summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Check all that apply and list any others.

Office Equipment: Spreadsheet_____ Computer_____ Word Processing_____ Shorthand_____

Production/Mobile Machinery:_____

Other:_____

State any additional information about yourself or your work history that you feel may be helpful for us in considering your application.

EMPLOYMENT REFERENCES:

Name:_____ Phone:_____

Address:_____

Name:_____ Phone:_____

Address:_____

Name:_____ Phone:_____

Address:_____

PERSONAL REFERENCES:

Name:_____ Phone:_____

Address:_____ Relationship_____

Name:_____ Phone:_____

Address:_____ Relationship_____

Name:_____ Phone:_____

Address:_____ Relationship_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____Yes _____No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Applicant's Signature

Date