

# DEBCO

## CONSTRUCTION

### EMPLOYMENT APPLICATION

Debco Construction  
PO Box 363  
Orofino, Idaho 83544  
Phone: (208) 476-3617  
FAX: (208) 476-3226  
[www.debcousa.com](http://www.debcousa.com)





# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

Last Name	First Name	Middle Initial	Home Phone:
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Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_ City:: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

- Position Desired:  Teamster  
 Laborer  
 Operator  
 Truck Driver

What experience do you have in construction work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills do you have that will make you successful in this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked for us previously?  Yes  No When? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

I can begin work on \_\_\_\_/\_\_\_\_/\_\_\_\_. I AM / I AM NOT able to travel (circle one).

**Do you belong to a Union?**  Yes  No **If so, which one?** \_\_\_\_\_ **Are you willing to join union?** \_\_\_\_\_

If hired, can you provide proof that you are legally able to work in the United States?  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of offense(s), date(s), city and state of disposition. *Note: An affirmative answer will not necessarily result in disqualification for employment.*  
 Yes  No

Reason:

List any relatives or friends employed by this company: \_\_\_\_\_ Relationship: \_\_\_\_\_



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List all Industrial safety violations, citations, or other violations. List dates and employer at time of incident \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Is the license current?  Yes  No Have you ever been denied a license or permit to operate a motor vehicle?  Yes  No

Has any License or permit ever been suspended or revoked?  Yes  No

**Explain any Yes**

**Answer:** \_\_\_\_\_

Do you have a CDL?  Yes  No Expire date: \_\_\_\_\_

**ENDORSEMENTS?** Please list: \_\_\_\_\_

**Emergency Contact Information (Name):** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ **Relationship :** \_\_\_\_\_ ( example: parent, friend, sister, brother)

**The Following information is Optional:**

Are you a Veteran?  Yes  No Disabled?  Yes  No Vietnam?  Yes  No

Other Campaign?  Yes  No If yes, please list: \_\_\_\_\_

Have you obtained any skills or abilities as the result of service in the military?  Yes  No If yes, please describe: \_\_\_\_\_

**Any medic alert OR allergy information that we may need on file in case of an emergency (i.e. bee stings, diabetes, epilepsy, etc)?**  
**Use back of this page if necessary.**

Do you belong to any of the following minority groups?  Yes  No

Black (not Hispanic Origin)  Hispanic  Asian or Pacific Islander  American Indian or Alaskan Native

## EMPLOYMENT

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Check appropriate box for type of employment:  
 Full-time  Part-time  Temporary

What days and hours are you available to work? \_\_\_\_\_

Are you available for overtime?  Yes  No When are you available to begin work? \_\_\_\_\_

Are you over 18 years of age?  Yes  No If under 18, can you provide a work permit?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No  
 If no, describe the functions that cannot be performed: \_\_\_\_\_

*(NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary to eligible applicants to perform essential functions) if you require accommodation to complete this application, please contact the Personnel department for assistance.*

## EDUCATION

Type of School	Name & Location of School	No. Of Years Completed	Graduated? Yes - No	Degree(s) Diploma(s)	Major Field(s) of Study
High School or Trade School					
Business or Tech. School					



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Jr. College and/or University			
Other Training (Explain)			

### SKILLS

Do you speak, write or understand any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which languages?	
Operate Personal Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Software:
List other office machines you can operate:	
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?	
<b>Answer the following if you are applying for a professional, licensed or certified position.</b>	
Are you licensed/certified for the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State:
Name of License/Certification:	
License/Certification Number:	
Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	

Experience: Please account for all employment within the last five (5) years, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over five (5) years prior, etc.) Attach an additional sheet if extra space is needed.

#### Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties 1		
Telephone No.	2		
Supervisor	3		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

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Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties 1		



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Telephone No.	2
Supervisor	3
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?

### Positions Held

Company Name	Dates Employed <i>From</i> <i>To</i>	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> <i>To</i>	
City, State, Zip	Specific Job Duties 1		
Telephone No.	2		
Supervisor	3		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

## PERSONAL REFERENCES

<i>Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.</i>		
Name	Address	Phone No.
Name	Address	Phone No.

## APPLICANT'S STATEMENT (Initial each numbered item as read)

1.	The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.
2.	I authorized all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the company, for use in deciding whether to offer me employment and specifically waive any required notification. I hereby release the Company, my former employers, and all other persons from any claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3.	I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
4.	I understand and agree that the employment for which I am making application is, and is intended to



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5.
6.

be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long-term employment, unless made in writing, signed by an authorized representative of the Company.

I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing four (4) statements.

As a part of my application for employment, I consent to take a drug test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date