



APPLICATION FOR EMPLOYMENT

ATTENTION:

Gerdan Slipforming, Inc. requires that all individuals offered a position pass a drug and alcohol screening. No individual will be hired without passing a drug and alcohol screening.

PERSONAL:

Name: _____ Date: _____
Last First Middle

Present address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Position sought: _____ Date available: _____ Expected rate of pay: \$ _____

Are you legally eligible for employment in the United States? Yes No Are you over 18 years old? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility)

Can you work overtime with minimal notice? Yes No Email address: _____

Do you have any relatives currently working for Gerdan Slipforming? Yes No If yes, provide their name(s): _____

Were you previously employed by Gerdan Slipforming? Yes No If yes. When? _____

Please list any experiences, skills or qualifications you believe make you a good fit for our organization: _____

How did you hear about us? _____

Education:

What is the highest level of education completed?

Post-graduate degree Bachelors degree Associates degree Some college High school diploma/GED No diploma

Please list any technical certifications:

Certification: _____ Date earned: _____

Certification: _____ Date earned: _____

Employment:

List last employer first, including U.S. Military service. If more space is needed, attach an additional sheet.

If any employment was under a different name, indicate name: _____

1) Employer: _____ Address: _____

Phone: _____ Position: _____ Dates of employment: From: _____ To: _____

Salary/hourly rate: Beginning: _____ Ending: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

2) Employer: _____ Address: _____

Phone: _____ Position: _____ Dates of employment: From: _____ To: _____

Salary/hourly rate: Beginning: _____ Ending: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

3) Employer: _____ Address: _____

Phone: _____ Position: _____ Dates of employment: From: _____ To: _____

Salary/hourly rate: Beginning: _____ Ending: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

4) Employer: _____ Address: _____

Phone: _____ Position: _____ Dates of employment: From: _____ To: _____

Salary/hourly rate: Beginning: _____ Ending: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Gerdan Slipforming, Inc. is an equal opportunity employer. Gerdan Slipforming, Inc. does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Gerdan Slipforming, Inc. to hire me. If I am hired, I understand that either Gerdan Slipforming, Inc. or I can terminate my employment at any time and for any reason, with or without cause or prior notice. I understand that no representative of Gerdan Slipforming, Inc. has the authority to make any assurance of the contrary.

I attest with my signature below that the facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

Signature of Applicant: _____ Date: _____



P.O. Box 715

Cape Girardeau, Mo. 63702-0715

573-339-0675 - Phone

573-339-0678 - Fax

Background Check / Credit Check Authorization Form

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Gerdan Slipforming, Inc and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Gerdan Slipforming, Inc or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date