



P.O. Box 715

Cape Girardeau, Mo. 63702-0715

573-339-0675 - Phone

573-339-0678 - Fax

EMPLOYMENT APPLICATION

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

GERDAN SLIPFORMING, INC. REQUIRES THAT ALL INDIVIDUALS OFFERED A POSITION PASS A DRUG SCREENING PRIOR TO BEING HIRED. NO INDIVIDUAL WILL BE HIRED WITHOUT PASSING A DRUG SCREENING.

1. APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
PHONE	EMAIL		
DATE OF BIRTH	SOCIAL SECURITY #	EXPECTED PAY RATE	
DATE OF APPLICATION	POSITION APPLIED FOR	DATE AVAILABLE FOR WORK	

2. PREVIOUS THREE YEARS RESIDENCY (Attach additional sheets if more space is needed)

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
PREVIOUS					
PREVIOUS					
PREVIOUS					
PREVIOUS					

Are you legally eligible for employment in the United States? YES NO

Do you have any relatives currently working at Gerdan? YES NO If yes, please provide their name _____

Can you work overtime with minimal notice? YES NO

Were you previously employed at Gerdan? YES NO If yes, during which years _____

Are you at least 18 years old? YES NO

How did you hear about us: _____

3. EDUCATION (Please list any technical, trade, or safety certificates you have received)

CERTIFICATE	YEARS COMPLETED

What is the highest level of education completed?

Post-graduate degree Bachelor degree Associate degree Some post high school High School Diploma/GED No degree

4. OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered. This may include training, life experiences, interests, or talents not listed anywhere else in this application.



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5. EMPLOYMENT HISTORY (Add additional sheets as necessary)

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list any employer you have worked for in the last three (3) years. Include the complete mailing address, including street number, city, state, zip; and complete all other information.

CDL Drivers only: if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Have you ever been discharged or asked to resign from a job? YES NO If yes, explain: _____

CURRENT (MOST RECENT) EMPLOYER		
NAME	PHONE	
ADDRESS		
POSITION HELD	FROM MO/YR	TO MO/YR
REASON FOR LEAVING	SALARY/ RATE BEGINNING	SALARY/RATE ENDING
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason):		
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SECOND (MOST RECENT) EMPLOYER		
NAME	PHONE	
ADDRESS		
POSITION HELD	FROM MO/YR	TO MO/YR
REASON FOR LEAVING	SALARY/ RATE BEGINNING	SALARY/RATE ENDING
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason):		
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

THIRD (MOST RECENT) EMPLOYER		
NAME	PHONE	
ADDRESS		
POSITION HELD	FROM MO/YR	TO MO/YR
REASON FOR LEAVING	SALARY/ RATE BEGINNING:	SALARY/RATE ENDING:
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason):		
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		



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6. LICENSE INFORMATION (Attach additional sheets if more space is needed)

Do you have a valid driver's license? YES NO

Have you ever had any of the following effect your license? If none apply, check this box

- License suspended or revoked in the last 3 years
- Reckless or Careless Driving conviction
- No valid license for state of residence
- Financial responsibility filing
- Alcohol-related conviction (DWI, open container, etc.) in last 5 years
- Vehicular homicide, assault or manslaughter conviction
- Speeding in excess of 20 mph conviction in the last 3 years
- "Hit and run" or "leaving the scene" conviction

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO If yes, explain:

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years.

STATE	CURRENT LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

7. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (PICKUP, VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

8. ACCIDENT RECORD FOR THE PAST 3 YEARS (Attach additional sheet if more space is needed.)

Check this box if none

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

9. TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Attach additional sheets if more space is needed)

Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION (Not including parking violations)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)



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10. TO BE READ AND SIGNED BY APPLICANT

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 or in my interview 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. I understand that should the status of my driver's license change, it is my responsibility to notify Human Resources at Gerdan Slipforming, Inc.

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.

Applicant Signature

Date

Applicant Name (printed)