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**EMPLOYMENT APPLICATION**

**Fax to 651-484-5327 / email to employment@fpipaving.com**

**Or mail to 3230 Rice Street, St. Paul, MN 55126-3047**

***“Affirmative Action, Equal Opportunity Employer”***

**PERSONAL INFORMATION DATE OF APPLICATION:**      

**Full Name:**                

Last First Middle

**Address:**                

Street City/State Zip Code

**Contact Information:**                      

Phone # Alt. Phone # Email Drivers License #

**\*By signing here you are authorizing FPI Paving to check your drivers record:**

**Are you legally eligible for employment in the United States?**      

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document for upon hire.*

**How did you hear about our company?**      

**POSITION(S) DESIRED**

**1.**      

**2.**      

**3.**      

**Pay expected:**       **Date you can start:**      

**Have you ever been employed with us before?**       **If so when?**      

**Please state briefly why you want to work at FPI Paving Contractors, Inc. and skills you have to provide:**

**EDUCATION**

**High School:**                     

Name Location # Years Attended Subjects Studied

**College:**                     

Name Location # Years Attended Subjects Studied

**Other:**                     

Name Location # Years Attended Subjects Studied

**Other:**                     

Name Location # Years Attended Subjects Studied

**FORMER EMPLOYERS: (Starting with last one first)**

**Company Name and Address:**

**Telephone Number:**       **Supervisor Name:**       **Rate of Pay:**

**Job Duties:**

**Reason for leaving**:

**Start and stop date**:       **May we contact your employer?**

**Company Name and Address:**

**Telephone Number:**       **Supervisor Name:**       **Rate of Pay:**

**Job Duties:**

**Reason for leaving**:

**Start and stop date**:       **May we contact your employer?**

**Company Name and Address:**

**Telephone Number:**       **Supervisor Name:**       **Rate of Pay:**

**Job Duties:**

**Reason for leaving**:

**Start and stop date**:       **May we contact your employer?**

**REFRENCES: (Give the names of three persons not related to you, whom you have known at least one year)**

**1.**

Name Address Business Years Known

**2.**

Name Address Business Years Known

**3.**

Name Address Business Years Known

**EXPERIENCE:**

**Truck Driving:**

Tack Truck Yrs. Experience:       Employer:

Tandem Axle Truck Yrs. Experience:       Employer:

Tri Axle Truck Yrs. Experience:       Employer:

Quad Axle Truck Yrs. Experience:       Employer:

Belly Dump Yrs. Experience:       Employer:

Lowboy Yrs. Experience:       Employer:

Ready Mix Truck Yrs. Experience:       Employer:

Boom Truck Yrs. Experience:       Employer:

Equip. Transport Yrs. Experience:       Employer:

Tandem Axle Truck Yrs. Experience:       Employer:

**Laborer:**

Laborer (concrete) Yrs. Experience:       Employer:

Laborer (base crew) Yrs. Experience:       Employer:

Laborer (blacktop) Yrs. Experience:       Employer:

Traffic Control Yrs. Experience:       Employer:

**Maintenance:**

Diesel Mechanic Yrs. Experience:       Employer:

Welder Yrs. Experience:       Employer:

Parts Delivery Yrs. Experience:       Employer:

Shop Help Yrs. Experience:       Employer:

Parts Counter Yrs. Experience:       Employer:

**Operator:**

Dozer Yrs. Experience:       Employer:

Loader (5+ cy) Yrs. Experience:       Employer:

Loader (5- cy) Yrs. Experience:       Employer:

Bobcat Yrs. Experience:       Employer:

Backhoe Yrs. Experience:       Employer:

Crusher Yrs. Experience:       Employer:

Motor Grader Yrs. Experience:       Employer:

Paver Yrs. Experience:       Employer:

Screed Yrs. Experience:       Employer:

Roller Yrs. Experience:       Employer:

Mill Yrs. Experience:       Employer:

**Office:**

Accounting Yrs. Experience:       Employer:

Human Resource Yrs. Experience:       Employer:

Purchasing Yrs. Experience:       Employer:

Safety/OSHA Yrs. Experience:       Employer:

Estimating Yrs. Experience:       Employer:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing”

Date:       Signature:

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The following requested information is **voluntary and confidential**. Inclusion or exclusion of any data will not affect any employment decision. It will be kept separately from your application and any subsequent personnel file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name:       Date:

Job applied for:

How did you learn about this position?       Female?       Male?

**RACE:**

**American Indian or Alaskan Native:**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Asian:**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

      **Black or African American:**

A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Native Hawaiian or Other Pacific Islander:**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**VETERAN STATUS:**

      Special Disabled Veteran

      Disabled Veteran

      Recently Separated Veteran

      Armed Forces Service Medal Veteran

      Other Protected Veteran

**PERSON WITH A DISABILITY:**

An individual:

1. Who has a physical or mental impairment (condition) that materially limits one or more major life activities; **or**
2. Who has a record of such impairment; **or**
3. Who is regarded as having such an impairment.

(Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning, and working.)

According to the above definition, are you disabled? Yes or No

***We are an equal opportunity employer. We consider applicants for position without regard to race, color, religion, national origin, gender, disability, age, marital status, creed, status with regard to public assistance, sexual orientation, or other legally protected status.***