



56113 State Highway 56  
P.O. Box 68  
West Concord, MN 55985

500 Ellingson Road  
Harwood, ND 58042

Phone: 507-527-2294  
Fax: 507-527-2296  
E-mail: hr@ellingsondrainage.com

# Application for Employment

## APPLICANT DATA

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any status protected by federal, state or local law.

Date of Application \_\_\_\_\_

**NAME** (Please print your name as it appears on your government-issued identification)

LAST FIRST MIDDLE  
**ADDRESS**

STREET ADDRESS CITY STATE ZIP CODE

### PHONE

PRIMARY PHONE NUMBER ( ) ALTERNATE PHONE NUMBER ( )

When is the best time to call you? Preferred Phone Number  PRIMARY  ALTERNATE

EMAIL ADDRESS SOCIAL SECURITY NUMBER

Are you at least 18 years of age?  YES  NO Are you authorized to work in the United States for any employer?  YES  NO

Have you ever been previously employed by Ellingson Companies?  YES  NO

If yes, when, and which position did you hold? POSITION HELD DATES OF EMPLOYMENT

Have you been interviewed by Ellingson Companies in the past 12 months?  YES  NO

If yes, when and for what position? POSITION INTERVIEWED FOR DATE OF INTERVIEW

How did you hear about us?

- Website  Radio  Agency  Career Fair  Professional Organization  Walk-in  Newspaper
- Networking  Open House  College Recruiting  Employee Referral
- Other

## POSITION DESIRED

Please indicate the Ellingson Companies work location for which you are applying.  West Concord, MN  Fargo, ND

For which position are you applying? Posting #

If hired, when are you available to start? Desired compensation: \$ per  Hour  Annual

Please check the types of shifts for which you are available.  DAYS  NIGHTS  WEEKENDS  HOLIDAYS  ANY

*NOTE: Much of our work is performed on holidays, weekends, and/or extended hours. Work schedules are based on the needs of the business, and may be subject to change on a weekly basis.*

What type of employment are you seeking?  FULL-TIME  PART-TIME  TEMPORARY/SEASONAL  ANY

Are you willing to travel?  YES  NO Are you willing to relocate?  YES  NO

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

## EDUCATION, SKILLS & TRAINING

Name and Address of School (Include City and State)	Dates Attended	Did you Graduate?	Type of Degree / Certificate and Major	Name While Attending
Last High School / GED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other School (Tech, Vocational, Military)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other School (Tech, Vocational, Military)		<input type="checkbox"/> YES <input type="checkbox"/> NO		

List any scholarships, academic honors, awards, or special achievements.

Other special training that would enhance your qualifications:

Please list / mark any special / technical skills you have and, where appropriate, type of program used or speed:

Computer Software \_\_\_\_\_

Computer Hardware \_\_\_\_\_

Other \_\_\_\_\_

Personal Computer  Microsoft Office  Auto-CAD  GPS Equipment  Lasers  All-Terrain Vehicle (ATV)

Forklift  Backhoe  Bulldozer  Skid Loader  Excavator  Directional Drill  Spoil Vac Equipment

## LICENSING & CERTIFICATES

Indicate below any license(s) or certificate(s) you possess.

Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date
Occupational License, Certificate or Registration	Number	Issued By	Expiration Date

Do you have a valid driver's license?  YES  NO State / Number / Exp Date \_\_\_\_\_

Can you drive manual transmission vehicles?  YES  NO Endorsements: \_\_\_\_\_

Do you have a commercial driver's license?  YES  NO Class: \_\_\_\_\_

Please list the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you that is not already provided above. Attach additional pages as necessary.

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

## EMPLOYMENT RECORD

List ALL employment, including military service, for at least the last TEN years. Start with your current or most recent employer and move backwards. Attach additional pages as necessary. You may attach a supplemental resume; however, it will not be accepted as a substitute for completing the information below.

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_

Ending Job Title \_\_\_\_\_ Ending Wage \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  YES  NO

Were you subject to 49 CFR part 40 controlled substance and alcohol abuse testing during this period?  YES  NO

Reason for leaving: \_\_\_\_\_

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_

Ending Job Title \_\_\_\_\_ Ending Wage \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  YES  NO

Were you subject to 49 CFR part 40 controlled substance and alcohol abuse testing during this period?  YES  NO

Reason for leaving: \_\_\_\_\_

Company \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_

Ending Job Title \_\_\_\_\_ Ending Wage \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  YES  NO

Were you subject to 49 CFR part 40 controlled substance and alcohol abuse testing during this period?  YES  NO

Reason for leaving: \_\_\_\_\_

Have you EVER been terminated or forced to resign from any position?  YES  NO If yes, please explain: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

If there are periods of greater than 30 days in the past 10 years when you were self-employed or unemployed, please complete the chart below for each such period. Attach additional pages as necessary.

From Month / Year	To Month / Year	Nature of Self-Employment or Reason for Unemployment	Name, Address, and Telephone Number of a Non-Relative who can Verify Activity

Ellingson Companies has an Employment of Relatives policy that places some restrictions on the employment of relatives. To ensure that we do not place employees in positions that would violate this policy, please give the names and relationships of persons to whom you are related and who are employed by the Company.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### OTHER INFORMATION

Have you been fined, plead guilty to, been convicted of, or been placed on probation for any moving traffic violations within the past 10 years? (e.g., speeding, failure to yield) \*  YES  NO

If yes, please explain, including the nature, date, county and state of each violation and any other pertinent information:

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Other than moving traffic violations, have you EVER been convicted, fined, placed on probation, convicted through court martial, found guilty (through plea or otherwise), or plead no contest (or nolo contendere) for any criminal violation of law (felony, misdemeanor, or otherwise)? \*  YES  NO

If yes, please explain, including the nature, date, county and state of each violation and any other pertinent information (applicants need not disclose information contained in a sealed criminal record and need not disclose a conviction that has been erased, expunged, pardoned, or annulled):

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\* A conviction of record will not necessarily be a bar to employment. Factors such as the nature and gravity of the offense, the nature of the job sought and the time that has passed since the conviction and/or completion of any sentence may be considered.

### REFERENCES

Please provide the names of three professional, work-related references we may contact. **Do NOT list friends, relatives or family members.**

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ How Acquainted \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED OF COMMERCIAL DRIVERS**

**COMPLETE THIS SECTION IF YOU HAVE A COMMERCIAL DRIVERS LICENSE (CDL).  
ALL OTHER APPLICANTS LEAVE THIS SECTION BLANK.**

As required by 49 CFR part 391.21(b)(2), provide your date of birth (MM/DD/YYYY). \_\_\_\_\_

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

Type of vehicle driven \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

List all motor vehicle accidents in which you were involved during the three (3) years preceding the date of this application, specifying the date and nature of each accident and any fatalities or personal injuries it caused. If none, write NONE.

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three (3) years preceding the date of this application. If none, write NONE.

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial vehicle  YES  NO

Have you ever had any driver license, permit, or privilege to operate a motor vehicle, denied, suspended, revoked, or canceled?  YES  NO

If yes, explain, providing details and the state of issuance. \_\_\_\_\_

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to Ellingson Companies; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to us, the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. Ellingson Companies will provide this information to you as the applicant within five (5) business days of receiving the written request. If we have not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when we receive the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of us making them available, we will consider you to have waived your request to review the records.

**APPLICANT'S STATEMENT**

**Please read the following statement carefully.**

I UNDERSTAND that this application is not a contract, offer or promise of employment. By filling out this application I am genuinely interested in working for Ellingson Companies ("Ellingson" or "Company"), and I understand that an offer of employment may be subject to receipt of satisfactory reports and the accuracy of all pre-employment information I have supplied. I acknowledge that my employment with Ellingson is on an at-will basis. I am free to terminate my employment with Ellingson Companies at any time for any reason. Similarly, the Company is free to terminate our employment relationship at any time, with or without notice, with or without cause. Acceptance of employment is not a contract of employment for any specified time. I understand that neither this document, nor any other document or letters received by me during my employment with Ellingson Companies nor any offer of employment from Ellingson Companies, nor any statement made by an Ellingson Companies agent or representative constitute an employment contract, unless agreed to in a specific document to that effect by the Ellingson Companies President and me in writing.

I UNDERSTAND that Ellingson Companies will conduct an employment review and criminal history inquiry, including obtaining explanations for gaps in employment. This employment review will include contacting my previous employers for the purpose of investigating my work history and my safety performance history. I understand that I must include correct, current telephone numbers and names of present and former employers and that consideration of my application may be delayed or discontinued if the Company is unable to complete the review in a timely manner.

I AUTHORIZE investigation of all information contained in this application, other information collected during the application and/or hiring process and all information that the Company might request, should I become employed, to evaluate me for employment, promotion, reassignment or retention. I release all parties from all liability for any damage that may result from any such investigation. I affirm that all the information on this application and all other information collected during the application and/or hiring process is true and complete. I understand that I am required to notify Ellingson of any change in such information and that failure to do so may be considered misrepresentation or omission of information. I understand that misrepresentation or omission of information called for in this application and during the application and/or hiring process is cause for immediate revocation of a conditional offer of employment or termination of my employment at any time.

I UNDERSTAND that I must be physically and mentally fit to perform the work for which I applied. I agree to submit to a medical examination(s) by a doctor(s) designated by the Company, after a job offer but before I start work, or whenever the Company thereafter so requests in connection with job relatedness and consistent with business necessity. I understand that if I am conditionally offered a position, Ellingson Companies will require me to take and pass a drug test in order to be eligible for employment.

I UNDERSTAND that I am required to comply fully with all personal identification and employment eligibility requirements of the Immigration Reform and Control Act and that failure to do so will result in the termination of my employment.

I FURTHER UNDERSTAND that, if employed, I shall be required to sign a statement acknowledging and agreeing to employment conditions. If employed, I will be required to abide by the Company's rules and regulations, consistent with applicable federal, state, and local law. I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent allowed by federal, state, or local law, except that it will not modify its policy of employment at-will. By my continued employment with the Company, I consent to any such changes.

I UNDERSTAND AND AGREE that as a condition of my candidacy for employment with the Company any legal claims or disputes that Ellingson Companies and I may have (including any dispute with any management or other employee or agent acting on behalf of the company) with respect to my application for employment, employment or termination of employment (except for worker's compensation and unemployment compensation claims) shall be decided exclusively by final and binding arbitration, conducted pursuant to the American Arbitration Association's National Employment Dispute Resolution Rules, before one neutral arbitrator, who shall be selected by mutual agreement of the parties and bound to follow the applicable law. Both the Company and I intend for this agreement to be construed as broadly as possible to cover, by way of example only, any claims under federal, state or local statutes or common law, such as Title VII of the Civil Rights Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Family and Medical Leave Act, the Minnesota Human Rights Act, the law of contract and the law of tort and all questions of arbitrability. I understand that this means that neither Ellingson Companies nor I can file a lawsuit in court regarding any employment-related legal issue (including my application for or termination from employment) and that both the Company and I specifically waive the right to a jury trial on any such issue. This agreement will be interpreted and enforced under the Federal Arbitration Act, 9 U.S.C. § 1, et seq., where applicable, and otherwise under the Minnesota Uniform Arbitration Act, Minn. Stat. § 572.08, et seq.

I ACKNOWLEDGE that, the American Arbitration Association's National Dispute Resolution Rules may be found on the Internet at the American Arbitration Association's website and that I may review those rules before signing this application. If I do not wish to agree to this provision as part of the application process, I understand that I must not sign the application, that my application will be incomplete, and that I will not receive further consideration. I understand that this arbitration provision is binding, regardless of whether I receive an offer of employment. I UNDERSTAND THAT THIS IS AN AGREEMENT TO ARBITRATE DISPUTES, AND IS NOT A CONTRACT OF EMPLOYMENT OR INTENDED TO ALTER ANY EMPLOYMENT-AT-WILL STATUS THAT MAY ATTACH IF I AM HIRED.

I UNDERSTAND that any falsification, misrepresentation, or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I CERTIFY that this application was completed by me, and that the entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

An Equal Opportunity, Affirmative Action Employer

**Applicant Survey Form**

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Last name	First name	Middle initial(s)
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Date	Position(s) for which you are applying
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**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is *completely voluntary*. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* *When* we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**Race/Ethnicity – Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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 original 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.

**Disability - Are you a person with a disability?**

- Yes
- No

**Sex – Select one**

- Female
- Male

**\* This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner