

**APPLICATION FOR EMPLOYMENT**

**BUSKERUD CONSTRUCTION INC.**  
P.O. BOX 187  
DELL RAPIDS, SD 57022-0187

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No Family Doctor: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

State: \_\_\_\_\_ What position or type of work are you

Commercial Drivers License: \_\_\_\_\_ applying for? \_\_\_\_\_

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Endorsements \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Date Available \_\_\_\_\_

Wage or Salary Acceptable \_\_\_\_\_

In case of emergency/accident, whom shall  
notify (other than spouse)? \_\_\_\_\_

Would you be willing to work on projects  
out of town? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Are you interested in Full Time? \_\_\_\_\_

Relationship: \_\_\_\_\_ FT.-PT? \_\_\_\_\_ Part Time? \_\_\_\_\_ Summer? \_\_\_\_\_

Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Dept \_\_\_\_\_

Date of Hire \_\_\_\_\_

Employee No \_\_\_\_\_

Job Title \_\_\_\_\_

Salary \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

FT \_\_\_\_\_ PT \_\_\_\_\_ FT-PT \_\_\_\_\_ TEMP \_\_\_\_\_

Summer? \_\_\_\_\_

EEO \_\_\_\_\_ NAB \_\_\_\_\_

VET \_\_\_\_\_

Date Term \_\_\_\_\_

Reason \_\_\_\_\_

Are you prevented from lawfully  
becoming employed in this country  
because of Visa or Immigration Status?  
\_\_\_\_ YES \_\_\_\_\_ NO (Proof of citizenship  
or Immigration status may be required  
upon employment.)

List the machines you operate:

MILITARY SERVICE:

Branch: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Left: \_\_\_\_\_

**APPLICATION VOID**  
**AFTER 60 DAYS**  
**EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**  
**PRE-EMPLOYMENT DRUG SCREEN REQUIRED**

**EDUCATION AND TRAINING**

(If Night School Please Indicate)

	Did You Graduate	Type of Diploma or Degree	Date Entered	Date Left
HIGH SCHOOL				
COLLEGE				
OTHER				

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRIOR EMPLOYMENT**

(Start with most recent employer)

Employer	Phone Number	Supervisor's Name	From	To	Reason for Leaving
	( )				
Address		Starting Salary/Wage	Final Salary/Wage		
Duties					
Employer	Phone Number	Supervisor's Name	From	To	
	( )				
Address		Starting Salary/Wage	Final Salary/Wage		Reason for Leaving
Duties					
Employer	Phone Number	Supervisor's Name	From	To	
	( )				
Address		Starting Salary/Wage	Final Salary/Wage		Reason for Leaving
Duties					

**PLEASE READ BEFORE SIGNING**

All applicants for employment will be required, as part of the application process and in addition to all other preconditions to employment determined to be applicable by the company, to submit to a drug test at company expense. I agree that all information included on this application is true and correct. Any false information I have given may be considered sufficient cause for discharge. I authorize all former employers listed on this application to answer questions by a personnel representative in reference to this application.

**EMPLOYMENT OF ALL BUSKERUD CONSTRUCTION EMPLOYEES IS AT WILL AND IS TERMINABLE BY EITHER PARTY AT ANY TIME.**

Signature \_\_\_\_\_ Date \_\_\_\_\_