



PO BOX 230
North Liberty, IA 52317
PHONE: 319-626-4600 FAX: 319-626-4605

APPLICATION FOR EMPLOYMENT
PLEASE PRINT

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills may be required. Motor Vehicle Reports and pre-employment drug testing are required.

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____
STREET APT. # CITY STATE ZIP

Home Phone _____ Cell _____ Email _____

Are you at least 18 years of age? () YES () NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Prevented from working due to visa/immigration status? () YES () NO

Do you require any reasonable accommodations to perform these job responsibilities? () YES () NO

Do you speak, read, or write fluently in a language other than English? () YES () NO

If YES, describe ability and list language(s) _____

Who referred you? _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? _____

Are you available to work: () FULL TIME () SEASONAL () SUMMER ONLY () OVERTIME - including Saturdays

Inclement weather may cause interruptions in work hours. Is this acceptable? () Yes () No

Absences from work must be reported to a supervisor prior to start time. Is this acceptable? () Yes () No

Have you worked for this Company before? () YES () NO Where, when, position? _____

Dates of previous employment: From _____ To _____ Reason for leaving _____

Are you on a lay-off and subject to recall? () YES () NO

Can you travel if a job requires it? () YES () NO

Would you accept employment: () Out-Of-Town () Statewide () Unaccompanied by Family

List any craft training programs or special courses you have taken. _____

C. DRIVERS LICENSE INFORMATION

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

If YES, please specify the type of license: () OPERATING LICENSE () COMMERCIAL DRIVERS LICENSE

CDL Type: () A () B Endorsements _____

License Number _____ Expiration Date _____ State of Issue _____

Have you been denied a license, permit or privilege to operate a motor vehicle? () YES () NO

If YES, please explain _____

Has any license, permit or privilege ever been suspended or revoked? () YES () NO

If YES, please explain _____

Have you been charged with a DUI in the past 5 years? () YES () NO

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

	DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last accident				
Next /previous				
Next /previous				

TRAFFIC CONVICTIONS/FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

What types of trucks and makes/models of construction equipment can you operate or repair? Also list number of years you have operated the trucks and/or equipment. _____

D. EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last school attended _____
Name City State

Degree _____

E. EMPLOYMENT HISTORY

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in competing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

All CDL applicants who have held a CDL for 10 years, must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write "unemployed" in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained CDL license. List employer starting with most recent first. Add additional sheet if necessary.

From /	Employer Name: Address:	Position held, duties	Supervisor
To /	Phone number:		May we contact? () Yes () No
Reason for leaving			Starting Pay
			Ending Pay
			1 st CDL Employer? () Yes () No
From /	Employer Name: Address:	Position held, duties	Supervisor
To /	Phone number:		May we contact? () Yes () No
Reason for leaving			Starting Pay
			Ending Pay
			1 st CDL Employer? () Yes () No
From /	Employer Name: Address:	Position held, duties	Supervisor
To /	Phone number:		May we contact? () Yes () No
Reason for leaving			Starting Pay
			Ending Pay
			1 st CDL Employer? () Yes () No
From /	Employer Name: Address:	Position held, duties	Supervisor
To /	Phone number:		May we contact? () Yes () No
Reason for leaving			Starting Pay
			Ending Pay
			1 st CDL Employer? () Yes () No
From /	Employer Name: Address:	Position held, duties	Supervisor
To /	Phone number:		May we contact? () Yes () No
Reason for leaving			Starting Pay
			Ending Pay
			1 st CDL Employer? () Yes () No

REFERENCES Include only individuals familiar with your work ability. Do **not** include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

Do you have your own craft tools, clothing, and other equipment? () YES () NO

CERTIFICATION & RELEASE

I certify that the information contained in this application is true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I will be required to submit to a post offer pre-employment drug test as a condition of my employment. CDL drivers will also provide proof of current IDOT Medical Exam.

Signature_____

Date_____

(Note: This application will be active through the current calendar year)

This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.

**AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER**

L.L. Pelling participates in E-Verify to validate employment eligibility. If you have a legal right to work in the United States, there are laws to protect you against discrimination.

E-Verify



VOLUNTARY SURVEY

L.L. Pelling Co. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with L.L. Pelling Co., it will not be used as employment criteria. L.L. Pelling Co. is an equal opportunity employer, supporting diversity in the workplace.

Thank you for your voluntary cooperation in completing this form.

Position applied for _____ Date _____

REFERRAL SOURCE

- () Iowa Workforce Development (list location) _____
- () Advertisement (specific source/name) _____
- () Employee (name of person) _____
- () Relative (name of person) _____
- () School _____
- () Walk-in
- () AGC Career Center
- () L.L. Pelling Website
- () Other _____

APPLICANT INFORMATION

Name (please print) _____ Phone (____) _____
Last First M.I.

Address _____
Street

City State Zip / /
DOB (m/d/yyyy)

Gender () Male () Female

Active National Guard Reservist: () Yes () No

Race

Veterans/US Military Status

- () White – origins in Europe, North Africa, or Middle East
- () Asian – origins in Far East, S.E. Asia, India, or Pacific Islands
- () Black – Origins in Africa
- () Hispanic – Mexican, Puerto Rican, Cuban, Central or South American
- () American Indian – origins in North America, to exclude Alaska
- () Other _____

- () Non-Veteran
- () Pre-Vietnam Veteran
- () Pre-Vietnam Veteran with service incurred disability
- () Vietnam Era Veteran (8/5/64 – 5/7/75)
- () Vietnam Veteran with service incurred disability
- () Post-Vietnam Veteran
- () Post-Vietnam Veteran with service incurred disability



Highway Construction and Maintenance
City Improvements Parking Lots

Hot Mix Asphalt
Cold Patching Mix
Seal Coat

Notice to All Employees and Applicants

Operating Statement

It is the policy of L.L. Pelling Co., Inc. to assure that applicants are employed and that employees are treated during their employment, without regard to their race, religion, sex, color, national origin, age, disability or any other classification protected by federal, state, or local laws. Such action shall include: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, pre-apprenticeship, and/or on-job-training.

Designation of EEO/AA Officer

L.L. Pelling Co., Inc. has designated Billie S. Wille, 1425 West Penn Street, P.O. Box 230, North Liberty, IA 52317 – Phone (319) 626-4600 as the EEO/AA Officer. Billie S. Wille has the responsibility for, and is capable of, effectively administering and promoting the EEO/AA program and is assigned adequate authority and responsibility to do so. The Safety Director, Julie Maxfield, will assist with duties performed on job sites.

Training Letter

L.L. Pelling Co., Inc. has an approved training program or an informal training and promotion program. At this time, our company offers training programs in the following job classifications:

Laborers	Asphalt Roller Operators
Truck Drivers	Self-Propelled Broom Operators
Loader Operators	Asphalt Paver & Screed Operators
Other Equipment Operators	

For further information, copies of qualifications and outlines of individual job classification training program outlines, you must request them from:

Billie S. Wille, EEO/AA Officer
1425 W. Penn Street, P.O. Box 230
North Liberty, IA 52317
Phone (319) 626-4600