



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 _____

Name _____ Social Security _____

Address _____
STREET APT. # CITY STATE ZIP

Main Phone _____ Cell Phone _____

Email _____

How did you hear about this position? _____

Date available to start? _____

Have you worked for LL Pelling before? ☐ Yes ☐ No

Position held at LL Pelling _____

Dates worked at LL Pelling from _____ To _____

Reason for leaving LL Pelling _____

List any craft training or special courses taken. **If none, write none.** _____

Driver's License Number _____ State of Issue _____

Expiration Date _____

Do you have a **CDL** (commercial driver's license)? ☐ Yes ☐ No CDL Type: ☐ A ☐ B

Endorsements _____ State of Issue _____

List equipment/vehicles you can operate and/or repair and years of experience for each.

If none, enter none. _____

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 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. *Per Federal Motor Carrier's Safety Regulation 49 CFR 384.206.*

From /	Employer Name: Address:	Position held, duties	Supervisor
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
To /	Phone number:		Starting Pay
			Ending Pay
Reason for leaving			1 st CDL Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From /	Employer Name: Address:	Position held, duties	Supervisor
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
To /	Phone number:		Starting Pay
			Ending Pay
Reason for leaving			1 st CDL Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From /	Employer Name: Address:	Position held, duties	Supervisor
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
To /	Phone number:		Starting Pay
			Ending Pay

EDUCATION: List your highest grade completed _____
 University Name & Location _____ Major _____

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

Name	Job Title	Phone Number and/or Email
1.		
2.		

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

Please answer the following questions with either "yes" or "no"

Yes No

Are you eligible for employment in the United States?		
Are you at least 18 years of age?		
Have you been charged with a DUI in the last 5 years?		
Has any license, permit, or privilege been suspended or revoked?		
Have you been denied a license, permit, or privilege to operate a motor vehicle?		
Are you able to work nights starting Sunday night to Friday morning?		
<p>Employees may be required to work on federal property, school grounds where minors may be present, retirement homes or places where elderly may be present. Will this be a problem for you? If yes, please explain.</p> <p><i>Note that answering "yes" does not automatically disqualify you from employment.</i></p>		

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**

LL 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 AFFIRMATIVE ACTION SURVEY

LL Pelling Co., Inc. 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 LL Pelling Co., Inc., it will not be used as employment criteria. LL Pelling Co., Inc., is an equal opportunity employer, supporting diversity in the workplace. Thank you for your voluntary cooperation in completing this form.

Position Applied For:		Date:	
Name:			
Street Address:		City:	State: Zip:
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I choose to not self-identify my gender.	
Referral Source			
<input type="checkbox"/> Iowa Workforce Development (list location)		<input type="checkbox"/> Internet search	
<input type="checkbox"/> Social Media (list source)		<input type="checkbox"/> Other - please list	
<input type="checkbox"/> Employee (name employee)			
<input type="checkbox"/> School (name school)			
<input type="checkbox"/> LL Pelling website			
<input type="checkbox"/> Walk In			
Ethnicity:			
<input type="checkbox"/> White (Not Hispanic or Latino)		<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)		<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	
<input type="checkbox"/> I choose to not self-identify my ethnicity.			

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

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

DESIGNATION OF EEO/AA OFFICER

LL Pelling Co., Inc., has designated Carrie Diaz, PO Box 230, North Liberty, IA 52317, phone 319-626-4600 as the EEO/AA Officer. Carrie has the responsibility to effectively administer and promote this Policy, 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

LL Pelling Co., Inc., is an Equal Opportunity Employer interested in training prospective employees and upgrading present employees through actual on-the-job training programs. Below are listed the job classifications for which training will be provided:

Equipment Operator - Quality Control Technician - Concrete Finisher

The qualification(s) to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from Carrie Diaz, Human Resources Manager, PO Box 230, North Liberty, IA 52317 at 319-626-4600.



PRE-OFFER VETERAN SELF ID FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “**disabled veteran**” is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please select one of the following:

☐ I identify as one or more of the classifications of protected veteran listed above.

☐ I am not a protected veteran.

☐ I don't wish to answer.

Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: