



Submit to:  
hiring@hnrco.com OR  
H&R Construction  
307 E. 39th Street  
South Sioux City, NE 68776

Office Use Only:  
Interview Date \_\_\_\_\_  
Interview Conducted by \_\_\_\_\_  
Position \_\_\_\_\_ Wage \$ \_\_\_\_\_

Referral Name: \_\_\_\_\_

Date \_\_\_\_\_

(Application valid for 30 days from this date)

### **APPLICATION FOR EMPLOYMENT**

NAME \_\_\_\_\_

Last First Middle  
SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET/APARTMENT # CITY STATE ZIP

CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT AND PHONE NUMBER \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

#### **EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

WHAT CATEGORY WOULD YOU PREFER? FULL-TIME PART-TIME TEMPORARY

FOR WHICH SCHEDULES ARE YOU AVAILABLE\* WEEKDAYS WEEKENDS EVENINGS NIGHTS OVERTIME

\*REASONABLE EFFORTS WILL BE MADE TO ACCOMMODATE RELIGIOUS BELIEFS AND PRACTICES

ARE YOU EMPLOYED NOW? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EVER WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

#### **GENERAL**

SPECIAL TRAINING \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

**SKILLS HELPFUL:**

**EXPERIENCE**

	<u>NONE</u>	<u>AVERAGE</u>	<u>ABOVE</u>
MASONRY EXPERIENCE	_____	_____	_____
MASONRY TENDING EXPERIENCE	_____	_____	_____
CONCRETE FLATWORK	_____	_____	_____
CONCRETE FOUNDATION	_____	_____	_____
METAL BUILDING ERECTION	_____	_____	_____
HEAVY EQUIPMENT OPERATOR	_____	_____	_____
FINISH/ROUGH CARPENTRY	_____	_____	_____

**PHYSICAL REQUIREMENTS NEEDED:**

**ARE YOU ABLE TO DO THIS?**

	YES	NO
LIFT 100 LBS 50 TIMES A DAY	_____	_____
CLIMB UP TO 25' VERTICALLY W/OUT REST	_____	_____
CARRY 80 LBS 100' 30 TIMES A DAY	_____	_____
WORK AT HEIGHTS FROM 0' TO 400'	_____	_____
ABLE TO SWIM	_____	_____
BEND AT THE WAIST FOR LONG PERIODS OF TIME	_____	_____
LIFT 50 LBS OVERHEAD 20 TIMES A DAY	_____	_____

**LICENSES/CERTIFICATIONS:**

**DO YOU HAVE THESE?**

	YES	NO
STATE DRIVERS	_____	_____
CDL	_____	_____
LASER	_____	_____
POWDER ACTUATED	_____	_____
FIRST AID/CPR	_____	_____
FORKLIFT	_____	_____
SKIDLOADER	_____	_____

EMPLOYEES MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION BEFORE BEING ACCEPTED FOR EMPLOYMENT.

**PREVIOUS EMPLOYERS** (\*PLEASE NOTE – your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE OF THE U.S., A CURRENT FAX NUMBER IS MANDATORY.)

**MOST RECENT EMPLOYER**

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently working for this employer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact?  
 Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_ per \_\_\_\_\_  
 SALARY (HOUR, WEEK, MONTH) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**SECOND RECENT EMPLOYER**

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently working for this employer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact?  
 Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_ per \_\_\_\_\_  
 SALARY (HOUR, WEEK, MONTH) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**THIRD RECENT EMPLOYER**

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently working for this employer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact?  
 Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_ per \_\_\_\_\_  
 SALARY (HOUR, WEEK, MONTH) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**REFERENCES**

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

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non-job related  
 What is highest grade completed?

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

Name	City/State	Graduate	Degree
High School			
College			
Other			

CERTIFICATION AND RELEASE – I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

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