



CONTRACTOR SERVICES, INC.  
 1320 EAST 8<sup>TH</sup> STREET  
 P.O. BOX 1306  
 NORTH PLATTE, NE 69101  
 P: (308)221-2372 F: (308)221-2572

**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, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Job Applied For \_\_\_\_\_ Date: \_\_\_\_\_

**A. PERSONAL INFORMATION**

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

STREET APT.# CITY STATE ZIP

Telephone Number where you can be reached \_\_\_\_\_

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.

Are you eligible for employment in the United States?  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) \_\_\_\_\_

**B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK**

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Shift  Temporary

Are you on a layoff subject to a recall?  YES  NO

Can you travel if the job requires it?  YES  NO

Would you accept employment:  Out-of-Town  Statewide  Unaccompanied by Family?

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license?  YES  NO

If YES, please specify the type of license:  Operating License  Commercial Drivers License(CDL)

List the following License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you had a motor vehicle accident or moving violation in the past 3 years?  YES  NO

If YES, please explain: \_\_\_\_\_

What types and makes/models of construction equipment can you operate or repair? \_\_\_\_\_

\_\_\_\_\_

List any craft training programs in which you have participated: \_\_\_\_\_

\_\_\_\_\_

**C. EMPLOYMENT:**

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 completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your previous jobs and other pertinent life experiences. Include self-employment, volunteer experience and any non-employment periods.

List your 3 most recent positions held, starting with the most recent employer first.

<i>Dates:</i>	<i>Employer Information</i>	<i>Positions Held - Duties</i>	
<i>Start:</i>	<i>Name:</i> <i>Address:</i>	<i>Position:</i>	<i>Supervisor:</i> <i>May we contact? <input type="checkbox"/>YES <input type="checkbox"/>NO</i>
<i>End:</i>	<i>Phone:</i>	<i>Duties:</i>	<i>Starting Pay:</i> <i>Ending Pay:</i>
<i>Reason for Leaving:</i>			
<i>Start:</i>	<i>Name:</i> <i>Address:</i>	<i>Position:</i>	<i>Supervisor:</i> <i>May we contact? <input type="checkbox"/>YES <input type="checkbox"/>NO</i>
<i>End:</i>	<i>Phone:</i>	<i>Duties:</i>	<i>Starting Pay:</i> <i>Ending Pay:</i>
<i>Reason for Leaving:</i>			
<i>Start:</i>	<i>Name:</i> <i>Address:</i>	<i>Position:</i>	<i>Supervisor:</i> <i>May we contact? <input type="checkbox"/>YES <input type="checkbox"/>NO</i>
<i>End:</i>	<i>Phone:</i>	<i>Duties:</i>	<i>Starting Pay:</i> <i>Ending Pay:</i>
<i>Reason for Leaving:</i>			

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

<i>NAME</i>	<i>ADDRESS/PHONE</i>	<i>YEARS KNOWN/RELATIONSHIP</i>
1.		
2.		

**E. 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

Have you attended High School, Vocation/Technical School or College? YES NO

If YES, please specify: \_\_\_\_\_

**F. 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 enforcements 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 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 Nebraska law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

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

(\*This application will be active for 6 months)

*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**



# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with **Contractor Services, Inc.**, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to UNICO Group, Inc. or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Contractor Services, Inc's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

\_\_\_\_\_  
**Full Legal Name (include Middle Initial)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**State of Issuance**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

