



RILEY BROS CONSTRUCTION, INC.
P.O. Box 535
Morris, Minnesota 56267
Phone: 320-589-2500
Fax: 320-589-2545
e-mail: riley@rileybros.com

Morris Pit - phone: (320) 589-2300

Glenwood Pit - phone: (320) 634-3535
fax: (320) 634-3838

To Whom It May Concern:

Along with this Application for Employment, I am including a personal identification page. ***If you would like***, please feel free to fill out the information requested and return to me along with your completed application. This form is strictly for our EEO files and will only be used for EEO purposes.

Thank you!

Meghan O'Neill
Human Resources Manager
Riley Bros. Construction, Inc.



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Today's Date: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information below is voluntary)

READ CAREFULLY BEFORE BEGINNING

We consider applicants for all positions without regard to race, color, religion, national origin, sex, age, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, familial status, or citizenship status or any other characteristic protected by law.

Position(s) Applied for: _____

Referral Source:

Advertisement Employee Relative Walk-in School Government Employment Agency
Private Employment Agency Other _____
Name of Source (if applicable) _____

Name: _____ <small>Last First Middle</small>
Address: _____ <small>Street City State Zip</small>
Email: _____
Phone: _____ Best Time to Contact: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decisions.

Check One: Male Female

Check One of the Following:

Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES

Government contractors subject to Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration of employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Veteran Disabled Veteran Handicapped Individual

To be completed by applicant – Not for interview purposes – To be filed separately from application

Affirmative Action / Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

RILEY BROS. CONSTRUCTION
P.O. Box 535/46369 208th Street
Morris, MN 56267
Ph: (320)589-2500/Fax: (320)589-2545

Personal Information:

Name _____ SSN _____
Last First Middle

Address _____ Phone _____
Street City State Zip Cell Ph. _____

Are you 18 years or older? Yes ___ No ___ Drivers license number _____ Class _____

Email Address: _____

Employment desired: _____

Position _____ Date you can start _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ When? _____

Employment history:

**Present/most recent employer _____ Phone no. _____

Address _____ Type of business _____ Salary _____

Employed from _____ to _____ Position title _____ Duties _____

Reason for leaving _____

**Previous employer _____ Phone no. _____

Address _____ Type of business _____ Salary _____

Employed from _____ to _____ Position title _____ Duties _____

Reason for leaving _____

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

_____ If yes, what can be done to accommodate your limitations? _____

Education:	Name & location of school	years attended	diploma course of study or GED?
Grade School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Subjects of special study or research _____

U.S. Military of Naval Service _____ Rank _____

Present membership in the National Guards or Reserves _____

Volunteer work _____

References:

List the names of three persons not related to you, whom you have known for at least one year:

	Name	Address & phone	Business	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the information contained on this application is true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize an investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the information to you.

I understand and agree that if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at anytime without prior notice.

Date _____ Signature _____

For office use only – please do not write below this line.

Interviewed by _____ Date _____

Hired? Yes _____ No _____ Position _____ Salary/wage _____

Other _____