



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

All applicants must pass a drug test prior to being hired.
Answer all questions completely and accurately, please print.

1310 Grandview Ave. Waterloo, IA 50703 (319)-233-9000

Personal Information

TODAY'S DATE: _____

NAME: _____ SS# _____
First Middle Initial Last

PRESENT ADDRESS: _____
Street City: State: Zip:

PERMANENT ADDRESS: _____
Street: City: State: Zip:

PHONE #: _____ ALTERNATIVE PHONE #: _____

Best time to call you _____ Are you 18 years or older? Yes No

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No If yes, please give date and charges(s) _____

Is there any reason why you would be unable to perform the essential function of the job for which you are applying? Yes No If yes, please explain _____

**** Conviction of a felony will not necessarily bar you from employment with Huff Contracting, Inc.**

Can you, if offered a position with Huff Contracting, submit verification of your legal right to work in the United States?
 Yes No (Proof of citizenship or immigration status will be required upon employment.)

Driver's License Information and Release

Do you currently have a valid driver license? Yes No State license issued in _____ License # _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No If yes, please explain. _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? Yes No

Check the type of license you currently have?

- Class C (noncommercial) Class D Chauffer Class B CDL Class A CDL

If you hold a CDL, check the type of endorsements(s) you currently have: _____ Air Brakes _____ Passenger

PLEASE READ AND SIGN AUTHORIZATION

I authorize Huff Contracting to obtain my driving record form the Iowa Department of Transportation, which is required as the first step of processing my Pre-Employment Application.

Signature: _____

Date: _____

(If you have an out of state license, you must submit a certified copy of your driving record in order to be considered for any position.)

EMPLOYMENT DESIRED

Position: _____ Date you can Start: _____ Wage Desired: _____

Presently employed? _____

If so, may we inquire of your present employer? Yes No

Are you available for full-time work?

If not, what hours can you work? _____

Are you available to work Monday-Friday 1st shift? _____ Yes _____ No

Are you available to work overtime including Saturdays? _____ Yes _____ No

Will you work out of town when required to stay overnight? _____ Yes _____ No

Have you ever worked for Huff Contracting.? _____ Yes _____ No

If yes, explain the reason for leaving: _____

Have you ever applied for work with this company before? _____ Yes _____ No

If yes, please provide the year applied: _____

Are you acquainted with anyone who is employed here? _____ Yes _____ No

If yes, explain who and how you know them: _____

Education	Name & Location Of School	# of Years Attended	Did you Graduate?	Subjects Studied
GED				
High School				
College				
Trade or Business				

Are you currently attending school? Yes No If yes, list class/schedule _____

General

Subjects of special study or research work: _____

Military or Naval Service: _____

Present Membership in National Guard or Reserves: _____

Other Special Training or Skills including "Quality" Training: _____

Previous Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name: _____ Phone No. _____

Address: _____

Employed (state Month & Year) From _____ To _____

Name of Supervisor _____

Weekly Pay --- Start _____ Last _____

State Job Title & Describe Your Work: _____

Reason for Leaving: _____

Company Name: _____ Phone No. _____

Address: _____

Employed (state Month & Year) From _____ To _____

Name of Supervisor _____

Weekly Pay --- Start _____ Last _____

State Job Title & Describe Your Work: _____

Reason for Leaving: _____

Company Name: _____ Phone No. _____

Address: _____

Employed (state Month & Year) From _____ To _____

Name of Supervisor _____

Weekly Pay --- Start _____ Last _____

State Job Title & Describe Your Work: _____

Reason for Leaving: _____

Work Experience

Experience -Number of years in construction _____

Number of years _____

Please complete the following, check the column that closest describes your experience:

Job Position	Years at trade:	Comments:
Supervisor / Foreman	_____	_____
Concrete Laborer	_____	_____
Concrete Finisher	_____	_____
Equipment operator	_____	_____
Truck operator (CDL)	_____	_____
Carpenter General	_____	_____
Carpenter Finish	_____	_____
Carpenter hardware	_____	_____
Steel erector	_____	_____
Steel panels	_____	_____
Welder	_____	_____
Drywall hanger	_____	_____
Drywall Finisher	_____	_____
Laborer general	_____	_____
Laborer Skilled	_____	_____

Most experienced with: _____

Commercial _____ Residential _____

If you are hired primarily for your trade, are you willing to work in other trades? Yes No

Past Experience

Check Mark if Applicable

- | | |
|--|-------|
| a) Concrete Form Work for Footings, Foundations and Slabs-On-Grade | _____ |
| b) Concrete Finishing (Machine & Hand Trowel) | _____ |
| c) Structural Steel Erection & Welding | _____ |
| d) Reinforcing Bar Erection | _____ |
| e) Carpenter Framing: | |
| 1. Wood & Metal Studs | _____ |
| 2. Soffits & Bulkheads | _____ |
| 3. Hollow Metal Frames | _____ |
| 4. Roof Framing & Blocking | _____ |
| 5. Roof Truss Framing | _____ |
| f) Carpenter Trim Work: | |
| 1. Hard Wood Trim & Casing | _____ |
| 2. Hang Wood & Metal Doors | _____ |
| 3. Setting of Cabinets & Counters | _____ |
| 4. Finish Hardware Installations | _____ |
| g) Blueprint Reading & Layout | _____ |
| h) Computer | _____ |
| i) Shop Drawings | _____ |

Any additional skills not listed above: _____

Experience Using Equipment

Equipment	Yes/No	Type/Model:
a) Skid Loader	_____	_____
b) A/T Forklift	_____	_____
c) A/T Scissor Lift	_____	_____
d) Boom Lift	_____	_____
e) Truck 10 Ton	_____	_____
f) Concrete Saws	_____	_____

Any additional equipment that is not listed above: _____

References

(Give the names of three persons not related to you, whom you have known at least one year.)

<u>Name</u>	<u>Phone #</u>	<u>Business</u>	<u>Year Acquainted</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Personal Goals/Interests: (Please describe your work and personal goals as well as why you would be a good fit for Huff Contracting Inc.) (If you need more space attach a separate piece of paper)

Certification: Please read carefully before signing.

“I certify that all the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.”

I authorize Huff Contracting to investigate information concerning my education, employment experiences and all other aspects of my background relevant to proposed employment.

Date: _____ Signature: _____

Note: This application must be signed and dated for consideration. Application stays on file for no less than 60 days.

DO NOT WRITE BELOW THIS LINE

Interviewed By; _____ Date: _____

Comments: _____

Interviewed By; _____ Date: _____

Comments: _____

Hire: _____ Yes _____ No _____ Position: _____

Date to report to work: _____ Salary: \$ _____ per hour

Approved: _____

TO ALL APPLICANTS:

Huff Contracting Inc. offers opportunity for employment, advancement and continuation of employment to all qualified individuals, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As a government contractor, we comply with government regulations and affirmative action requirements. This data is for analysis and possible affirmative action only and is solely to help us comply with government record, keeping, reporting, and other legal requirements.

This data will be kept in a confidential file separate from you Application for Employment.

YOUR COOPERATION IS VOLUNTARY. This information will be used only by the Personnel Department of Huff Contracting Inc.

(PLEASE PRINT)

Name: _____
 First Middle Initial Last

Present Address: _____
 Street City: State: Zip:

Position (s) Applied for: _____

How did you learn about this job?

- | | |
|---|---|
| <input type="checkbox"/> Huff Contracting Employee or Retiree | <input type="checkbox"/> Television or Radio |
| <input type="checkbox"/> Friend | <input type="checkbox"/> On-Line Website (Name _____) |
| <input type="checkbox"/> Newspaper (Name _____) | <input type="checkbox"/> School |
| <input type="checkbox"/> Iowa Work Force Development | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Community Posting (Location _____) |

What gender do you consider yourself a member?

- Male Female Other

Of which Racial/Ethnic Group do you consider yourself a member?

- | | |
|---|---|
| <input type="checkbox"/> American Indian** (Including Alaskan Native) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian (Including Pacific Islanders) | <input type="checkbox"/> Other (Please Specify _____) |

Check if any of the following are applicable: (Answer is strictly voluntary)

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Other Disabled Individual
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Signature _____

Date _____



1310 Grandview Ave.
Waterloo, IA 50703
Phone: (319) 233-9000

NOTICE TO APPLICANT

Name: _____
Please Print

Date of Birth: _____
Month/Day/Year

I, the undersigned, understand that the State of Iowa will conduct a background check in conjunction with this application and that the State has the right to reject me as a worker on this project without explanation.

I authorize Huff Contracting Inc. to submit my name to the State for approval and understand that my employment with Huff Contracting Inc., is conditioned upon receiving and maintain State approval.

Signature: _____

Date: _____

Safety Questionnaire

You may refuse to answer questions that you consider offensive or discriminatory.

Printed Name: _____

Date: _____

Are you comfortable working at heights from 6' – 40' while in an aerial lift, climbing a ladder, etc.?

Yes No

List any safety training topics you've had previously

List any safety certifications you currently have – example: Forklift, CPR/First-Aid etc

In your opinion: Which statement is more accurate? (Circle One)

A. It's only a matter of time before I get injured at work

B. I expect to work a long time without getting injured

Personal Protective Equipment: (Please Circle one)

Are you willing and comfortable wearing PPE if the job requires so----- YES----- or----- NO-----

Any Additional Comments: _____

All statements given on this questionnaire are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

