



APPLICATION FOR EMPLOYMENT
PLEASE PRINT

2092 Hwy 9 West, Decorah, IA 52101
Phone (563)382-2901
Fax (563)382-2902

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 _____
Where did you learn about this job opening? Job Service Newspaper/Radio Ad Walk-In Other _____
 Current Employee *(please specify source)*

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted _____

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 lay-off and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Would you accept employment Statewide AND 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: DRIVERS LICENSE CLASS A CDL CLASS B 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 jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

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

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			
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			
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			

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

Name	Address/Phone	Years Known/Relationship
1.		
2.		

D. 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 _____

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 the company or I 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 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 _____

(Note: 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.





2092 Hwy 9 W. Decorah, IA 52101
PH (563)382-2901, FX (563)382-2902
"Grading A Path To The Future"

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of JB Holland Construction, 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, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection of training, including: apprenticeship, preapprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

JB Holland Construction, Inc. has designated William F. Holland, 2092 Hwy 9 West, Decorah, IA 52101, as the EEO/AA Officer. William F. Holland has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

JB Holland Construction, Inc. together with the Associated General Contractors of Iowa has a formal training and promotion program called Highway Industry Training (HIT). HIT is an approved Iowa Department of Transportation benchmarked program. The program has three different on-the-job (OJT) hour levels including: 520 hours minimum, 1040 standard and 2080 maximum. Along with the OJT hours, each trainee will be required to complete 20 hours of classroom training through AGCI.

At this time, our company offers training programs in the following job classifications:

Backhoe	Bulldozer
Mechanic	Motor Grader, Rough
Motor Grader, Finish	Roller, Pneumatic (Self-Propelled)
Scraper	Tandem Axle or Semi-Trailer Truck Driver
Oiler	Pipe-Layer

For further information, copies of qualifications and outlines of individual job classification training program outlines, you must request them from:

William F. Holland, VP
2092 Hwy 9 West, Decorah, IA 52101
Phone (563)382-2901

VOLUNTARY SURVEY

JB Holland Construction, 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 *JB Holland Construction, Inc.*, it will not be used as employment criteria. *JB Holland Construction, Inc.* is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

NAME: _____ PHONE: _____

ADDRESS: _____

DATE: _____ POSITION APPLIED FOR: _____

REFERRAL SOURCE: How did you learn of this position?

Advertisement (list newspaper) _____

Friend

Relative

Walk In

Employment Agency (give name) _____

Other (list source), _____

SEX: Male Female

ETHNIC ORIGIN:

White Hispanic American Indian/Alaskan Native

Black Asian/Pacific Islander Other

CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Disabled Individual