



**EMPLOYMENT APPLICATION**

ALL INFORMATION WILL BE KEPT CONFIDENTIAL & USED FOR HIRING PURPOSES

*PLEASE PRINT*

DATE: \_\_\_\_\_ WHAT JOB POSITION ARE YOU SEEKING? \_\_\_\_\_

**PERSONAL INFORMATION**

FULL NAME:		PHONE #:	
ADDRESS:		CELL #:	
CITY:		SSN:	
STATE:			
EMAIL:			

**DRIVERS LICENSE INFORMATION**

STATE:	
LICENSE #:	
CLASS:	
ENDORSEMENTS:	

**DO YOU BELONG TO A UNION?**

**WHAT DATE CAN YOU START?** \_\_\_\_\_

- No
- Yes – which local? \_\_\_\_\_

**HAVE YOU EVER BEEN EMPLOYED BY CASPER CONSTRUCTION? IF YES, WHAT CREW AND FROM WHAT DATES?**

**ARE YOU CURRENTLY EMPLOYED?**

- No
- Yes

**ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. WITH OR WITHOUT AN EMPLOYMENT VISA?**

- No
- Yes

**WILL YOU REQUIRE EMPLOYMENT VISA SPONSORSHIP?**

- No
- Yes

**EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**

**ARE YOU WILLING TO TRAVEL?**

- No
- Yes

**MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?**

- No
- Yes

**WORK EXPERIENCE**—last 5 years

<i>EMPLOYER</i>	<i>DATES OF EMPLOYMENT (MM/YY)</i>	<i>SUPERVISOR (NAME &amp; PHONE #)</i>	<i>EMPLOYMENT DUTIES</i>

**EDUCATION HISTORY**

	<i>NAME OF SCHOOL</i>	<i>DIPLOMA/DEGREE</i>	<i>YEARS COMPLETED</i>	<i>GRADUATION DATE</i>
<i>HIGH SCHOOL/GED</i>				
<i>COLLEGE/UNIVERSITY</i>				
<i>TRADE/GRADUATE SCHOOL</i>				

**APPLICABLE EDUCATION & SAFETY TRAINING**

	<i>STATE</i>	<i>SUPERVISOR OR WORKER</i>	<i>EXPIRATION DATE</i>
HAZMAT/HAZWOPER			
MSHA			
CPR / FIRST AID			
ASBESTOS			
PIPELAYER "BLUE" CARD			
OTHER			

PLEASE LIST ANY OTHER QUALIFICATIONS AND SKILLS YOU BELIEVE ARE RELEVANT TO POSITION BEING APPLIED FOR.

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**REFERENCES** - Please list three (3) *professional* references

NAME	ORGANIZATION	PHONE NUMBER	RELATION

This is to affirm Casper Construction, Inc.'s policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof. Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.

**Please read the following statements. If they are accurate, please sign this application form. Applications which are not signed will not be considered as properly completed.**

I certify that all the information given on this job application form is true, complete, and correct to the best of my knowledge. By signing this form, I am acknowledging that any false or misleading information supplied by me shall be grounds for not hiring me. I am also acknowledging that any false or misleading information supplied by me shall be grounds for automatic discharge from employment, should this fact be discovered after I have been hired.

I authorize any current and former employers listed in this application to release public and/or private personnel data (as defined in MS 13.43) to Casper Construction, Inc., and I authorize persons contacted by Casper Construction, Inc. to respond to questions. I also authorize Casper Construction, Inc. to conduct a criminal background check on me. I understand that potential consideration for employment is conditioned upon the results of a reference and/or criminal background check and authorize Casper Construction, Inc. to investigate statements made by me on the job application and/or during the interview process.

I authorize Casper Construction, Inc. to investigate all statements and information included on this application, including but not limited to my employment record. I release Casper Construction, Inc. and all educational institutions, employers and personal references I have listed herein, and their employees, officers and agents, from any and all liability for all claims or damages of any kind in connection with the release of information about me to Casper Construction, Inc. pursuant to this authorization, and do hereby further agree to defend, indemnify and hold harmless Casper Construction, Inc., educational institutions, employers and personal references from and against any and all such actions, causes of actions, suits, losses, liabilities, damages and expenses (including attorneys' fees).

I understand that this application is not a contract of employment.

**NOTICE: CASPER CONSTRUCTION IS A DRUG FREE WORKPLACE. PRE-EMPLOYMENT DRUG SCREENING AND RANDOM TESTING WILL BE REQUIRED DURING YOUR EMPLOYMENT.**

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

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**EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**



**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

Applicant/Employee Information		
Last Name:	First Name:	Middle:
AKA's/Maiden/Other Names Used:		
Present Street Address:		
City:	State:	Zip:
Social Security Number:	Date of Birth:	Sex:    M    F
Driver's License Number:	State of Issue:	

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **CASPER CONSTRUCTION, INC.** ("the Company") at any time after receipt of this authorization and throughout my employment or performance of services, if applicable. I agree that these reports may be delivered to me in either written or electronic form. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information, including criminal background information, requested by **PTC Assist LLC, 9 Compound Drive, Hutchinson, Kansas 67502; telephone: 620-669-4484, [www.ptcassist.com](http://www.ptcassist.com)** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants/employees:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants/employees:** You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

**Washington State applicants/employees:** You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California, Minnesota and Oklahoma applicants/employees:**

Check this box to receive a copy of any consumer report, and/or investigative consumer report (as defined by applicable California state law) if one is obtained.

Email Address: \_\_\_\_\_

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

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



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Revision Date: 5/10/22

## EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION QUESTIONNAIRE

Casper Construction, Inc. as an Equal Opportunity/Affirmative Action employer does not unlawfully discriminate against any qualified applicant or employee because of their: race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, genetic information (including family medical history), or veteran’s status.

This form is completely voluntary and is not part of Application for Employment with Casper Construction, Inc. Responses to this form will never be used as a basis for offering or not offering an applicant a job with the company. The responses to this questionnaire are for EEO/AA purposes only. As an employer, we comply with federal regulations that require employers take Affirmative Action to provide Equal Employment Opportunity and maintain records to substantiate their efforts. To ensure compliance, we are periodically required to report on applicant and/or employee protected classes – this data is for analysis and Affirmative Action purposes only.

<b>Today’s Date:</b>	
<b>Full Name:</b>	
<b>Date of Birth:</b>	

**Gender:**

- Male
- Female
- Prefer not to disclose/answer

**Race/Ethnicity:**

- Asian/Pacific Islander
- Black/African American
- Caucasian/White
- Hispanic
- Indigenous American/Native American

**Presence of a Disability:** Do you have an impairment that substantially limits one or more of your life activities?

- Yes
- No
- Prefer not to disclose/answer

By signing your full name below, you agree that your responses to this questionnaire are factual to the best of your knowledge and you understand responding to this questionnaire is completely voluntary and to be used for data analysis purposes only.

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_