



WE SPECIALIZE IN WATER, WASTE WATER PROJECTS, NEW CONSTRUCTION AND RETROFIT

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY # _____ - _____

LAST FIRST MIDDLE

ADDRESS: _____

STREET CITY STATE ZIP

PHONE #: _____ ARE YOU AT LEAST 18 YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED \$

ARE YOU CURRENTLY EMPLOYED? IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? IF YES, WHEN?

REFERRED BY: _____

EDUCATION	NAME & LOCATION OF SCHOOL	HOW LONG	AREA OF STUDY	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES/HONORS: _____

EXCLUDE ORGANIZATIONS' NAMES WHICH INDICATE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATIONALITY OF ITS MEMBERS

KHC Construction, Inc. is an Equal Employment Opportunity Company

703 Ontario Rd N, PO Box 450, Marshall, MN 56258

Ph: 507-532-6768 Fax: 507-532-6769



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EMPLOYMENT (LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH THE LATEST 1 FIRST)

DATE	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO		STARTING ENDING		
FROM TO		STARTING ENDING		
FROM TO		STARTING ENDING		

WHICH OF THESE JOBS DID YOU LIKE MOST? WHY?

WHICH OF THESE DID YOU LIKE LEAST? WHY?

REFERENCES LIST 3 PEOPLE NOT RELATED TO YOU, WHOM YOU'VE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS & PHONE	TITLE	YRS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY
CONTACT:

NAME	ADDRESS	PHONE	RELATION
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I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES & REGULATIONS, AND I AGREE THAT MY EMPLOYMENT & COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, & WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS & CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, & WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, & THEN ONLY WHEN IN WRITING BY THE COMPANY. & SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE:

SIGNATURE:

FOR OFFICE USE ONLY			
INTERVIEWED BY:		DATE	
REMARKS:			
HIRED:	YES	NO	POSITION: DEPT.
IF NOT HIRED, WHY NOT?			
SALARY/WAGE:		DATE REPORTING TO WORK:	
APPROVED BY:			
EMPLOYMENT MANAGER			



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Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: () Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |

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