

BORDERLINES PAVEMENT MAINTENANCE

Employment Application

2006 1st Avenue N. Ste # 207, Anoka, MN 55303
Office: 763-323-1900 Fax: 763-323-1944
Borderlines@comcast.net



Building long-lasting relationships
through integrity and trust.

APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address							
Date Available			Social Security No.			Desired Salary					
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid MN Drivers License?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		MN DL #				
Any driving violations in the past 3 years?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
REFERENCES											
<i>Please list three professional references.</i>											
Full Name						Relationship					
Company						Phone					
Address											
Full Name						Relationship					
Company						Phone					
Address											
Full Name						Relationship					
Company						Phone					
Address											

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Availability:	M	T	W	TH	F	SA	SU	Hours per week
Special Skills:								Start Date:
Do you have a CDL License:	Yes	No	Class:					

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that not having driving record deemed free and clean by our insurance may result in my release.	
Signature	Date

DMV Check

I give Border Lines Pavement Maintenance my permission to request a DMV background check as a requirement for my employment.

Drivers License Number: _____

DOB: _____

Employee Signature

Date

Print Employees Name

The above named employee _____ has been :

- Hired, on _____ (Date) and will be an eligible driver.
- Hired, on _____ (Date) and will NOT be an eligible driver.
- Not Hired.