

# Precision Underground Inc

PO Box 2618  
Bismarck ND 58502

Phone: 701.214.5545 Fax: 701.214.5545

## Employment Application

### Applicant Information

Full Name:						Date:		
		<i>Last</i>		<i>First</i>		<i>M.I.</i>		
Address:								
		<i>Street Address</i>				<i>Apartment/Unit #</i>		
		<i>City</i>				<i>State</i>		<i>ZIP Code</i>
Phone:	( )	E-mail Address:						
Date Available:		Hours Available to work:		Desired Salary:	\$			
Position Applied for:				Do you have a valid CDL?		YES	NO	
Were you referred by a Precision Underground Inc. Employee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who?				
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"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:								

### Education

<b>High School:</b>		Address:						
Major Course/Subject:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
<b>College:</b>		Address:						
Major Course/Subject:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
<b>Other:</b>		Address:						
Major Course/Subject:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

### References

*Please list three professional references that we may contact.*

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"/>	If no, explain:
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"/>	If no, explain:
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"/>	If no, explain:

**Disclaimer and Signature**

***Please read and understand this statement before signing your application.***

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to obtain a criminal background check and to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement or offer of employment. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I fully understand and accept all terms and conditions in the above statement.

Signature:		Date:	
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