

# Omann Brothers Paving Inc.

6551 LaBeaux Ave, PO Box 120  
Albertville, MN 55301

Phone: 763-497-8259  
Fax: 763-497-8261



# Job Application

## Personal Information

Last		First	MI	SSN#	Email			
Street Address			City	ST	Zip	Home Phone	Mobile Phone	
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War
What position are you applying for?				How did you hear about this position?				
Expected Hourly Rate		Date Available to start		Have you ever applied with our company before? If Yes, date applied:				

Special areas of study or experience that may be beneficial to the position you are applying for:

## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

**Personal References**

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			
Years acquainted			
Relationship Business/Personal			

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I release all parties from liability for any damage that may result from furnishing the information to you. "I certify that all the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

This form has been designed to comply with state and federal fair employment practice laws prohibiting employment discrimination.	Signature	Date
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**Motor Vehicle Report Authorization:**

In connection with your application for employment, or employment as a driver with Omann Brothers Inc., Omann Brothers Paving, Inc. We will obtain a motor vehicle report to verify your driving record. Please sign below and provide us with your authorization to obtain this report.

I authorize Omann Brothers, Inc., Omann Brothers Paving, Inc., to obtain a motor vehicle report in connection with my application for employment, or employment as a driver.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant/employee signature

\_\_\_\_\_  
Drivers License number and state

\_\_\_\_\_  
Date of birth

Office use only:

-Copy of DL: \_\_\_\_\_

Class: A B D

- Valid Dot Health card: Yes No

If yes copy: \_\_\_\_\_