Name (Last, First, MI)

Date

PETERSON CONSTRUCTION COMPANY, INC.

Mailing: P.O. Box 14239 Physical: 3253 N. Washington St.

Grand Forks, ND 58208-4239

Grand Forks, ND 58203

Phone: 701-746-6446 Fax: 701-772-1763

E Mail: <u>info@petersonconstruction.com</u> Web Site: <u>www.petersonconstruction.com</u>

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

PERSONAL INFORMATION								
Last Name:	First Name:			MI:				
Address:								
City:	State:			Zip Code:				
Telephone Number:	Alternate Telephone Number:							
Person to Notify in Case of Emergence	ry:							
Name:	Telephone:			Relationship:				
	GENERAL INFO	RMATION	1					
Position Applying For:								
How did you hear about this position?	? Have you ever been employed here before? (Circle)							
		Yes	No	Dates:				
Are there any days or hours you are unable to work?								
W. L. Co. L. Co. L. L.	EDUCATION ANI) TRAININ	G					
Highest Grade Completed:								
Name of School	Course of Study		Degree, Certificate, Occupational License					
	,							
Special skills/abilities/certificates/lice	nse(s)/equipment/softwar	re operated:						
List any other qualifications which sh	ould be considered:							
	MILITARY INFO	RMATION	N					
•	Military Branch:		Dates of Service:					
Yes No	DRIVER LICENSE I	VEORMAT	YON					
Do you have a valid driver license? [Issuing State: Class:								
(Circle)	Yes No	issumg stat		Class.				

EMPLOYMENT HISTORY							
ion starting with your pr	esent or most recent j	ob.					
Company:		City/State:		Job Title:			
Date Started:	Date Ended:	Supervisor:		Wage:			
List specific tasks completed on the job:		l	Machines/Equipment you have opera	ted:			
Reason for Leaving:							
reason for Bouring.							
Company:		City/State:		Job Title:			
Date Started:	Date Ended:	Supervisor:		Wage:			
List specific tasks completed on the job:		Machines/Equipment you have operated:					
Reason for Leaving:			•				
Company: City/State:				Job Title:			
Company.							
Date Started:	Date Ended:	Supervisor:		Wage:			
List specific tasks completed on the job:		Machines/Equipment you have operated:					
Reason for Leaving:							
Company:	Company: City/State:			Job Title:			
Date Started:	Date Ended:	Supervisor:		Wage:			
List specific tasks completed on the job:		Machines/Equipment you have operated:					
Reason for Leaving:	Reason for Leaving:						
Please summarize any other work history you may have:							
Signature of Applicant:			Date:				