



# APPLICATION FOR EMPLOYMENT

*Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.*

**PLEASE NOTE : LKE Corporation maintains a smoke free environment due to job site restrictions and safety standards. There will be no smoking on the job site or inside of any LKE facilities, trucks, or equipment.**

**Date:** \_\_\_\_\_

**PERSONAL INFO:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**EMPLOYEE CLASSIFICATION:** If you were asked to fill out this application for a specific position with LKE Corporation, please place your initials next to the position classification you have applied for. **Note: Only initial one space.**

	Project Name	Your Initials	Kim Erion's Initials
Temporary Full-Time	_____	_____	_____
Temporary Part-Time	_____	_____	_____
Regular Full-Time	_____	_____	_____
Regular Part-Time	_____	_____	_____

**POSITION INFO:**

Position(s) applied for: \_\_\_\_\_  
 What is your desired minimum wage per hour? \_\_\_\_\_ When can you start? \_\_\_\_\_  
 Are you looking for full time employment? \_\_\_\_\_ YES NO  
 If "NO", what hours/days are you available? Please list them below.

Days	Su	M	T	W	Th	F	Sa
Hours							

Do you have reliable transportation to get to project site/office on time? \_\_\_\_\_ YES NO  
 Are you willing to give random medical exams or drug testing? \_\_\_\_\_ YES NO  
 Have you ever been convicted of a felony? \_\_\_\_\_ YES NO  
 If "YES", please describe conditions: \_\_\_\_\_

Are you willing to do a background check for secure sites? \_\_\_\_\_ YES NO

**Only fill out this area if the position requires you to work in the field/on site or drive for LKE Corporation**

Employees may work as operators at one rate during part of the work day or week, and also as laborers or flaggers, at another rate.

Are you willing to work at multiple rates? \_\_\_\_\_ YES NO  
 If hired for a field/laborer position are you willing to work swing shift? \_\_\_\_\_ YES NO  
 Are you willing to work out of state? \_\_\_\_\_ YES NO

Are you willing to work outside of the U.S.? \_\_\_\_\_ YES NO  
 If "YES", do you have or could you obtain the proper documentation to work outside of the U.S.? \_\_\_\_\_ YES NO  
 Are you willing to work/camp in remote areas at project locations? \_\_\_\_\_ YES NO  
 Do you have camp gear, camper, trailer, or motor home? \_\_\_\_\_ YES NO  
 Your position might require you to have proper Personal Protective Equipment (PPE)  
 (i.e., steel toe boots, hard hat, safety vest, rain gear, gloves)  
 Do you have this equipment? \_\_\_\_\_ YES NO  
 If No, what do you need? \_\_\_\_\_

**Only fill out this area if the position requires you to drive for LKE Corporation**

Do you have insurance and a current driver's license? \_\_\_\_\_ YES NO  
 If "YES", what is the number, expiration and state it is issued? \_\_\_\_\_  
 Do you have any driving record violations? \_\_\_\_\_ YES NO  
 If "YES" please describe the violation: \_\_\_\_\_  
 Do you have a CDL Drivers license? \_\_\_\_\_  
 If "YES", what is the number, expiration and state it is issued? \_\_\_\_\_  
 If "YES", is your medical card current? \_\_\_\_\_ YES NO  
 Do you have your own truck? \_\_\_\_\_ YES NO  
 If "YES", what is the Year and Make of your vehicle? \_\_\_\_\_

**EDUCATION:**

(School Name and Location) (Year) (Major)  
 High School: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Other Training: \_\_\_\_\_  
 What is your Software proficiency? (Please specify year of software, i.e. Word 2007/2010) \_\_\_\_\_

What type of equipment have you operated? \_\_\_\_\_

Do you have any other skills, certifications, or qualifications (i.e., flagger certification card, CPR training, OSHA, Fall Protection, CESCL, etc.)? \_\_\_\_\_

If "YES" please list: \_\_\_\_\_

What other construction industry experience can you offer to LKE CORP? (Flagger, safety crew, erosion control, cement mason, forms carpenter, steel/iron laborer, pipe layer, truck driver, grade checker, surveyor, asphalt layer, driver, electrician, drywall, carpenter, roofer, quality control officer, safety officer, CDL, etc.) \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Please give job references and contact person information:

**Company Name:** \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
 Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ YES NO  
 Responsibilities and/or equipment were you responsible for? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact? YES NO  
Responsibilities and/or equipment were you responsible for? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact? YES NO  
Responsibilities and/or equipment were you responsible for? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MISC.:**

*Because we feel it is highly unprofessional, LKE does not tolerate immodest clothing in the workplace.*

Are you willing to represent the LKE image in how you dress for work? YES NO  
Can you work alone for a week? YES NO  
Work within a team continuously? YES NO  
Why should LKE CORPORATION hire YOU? \_\_\_\_\_

Please list any additional references, their relationship to you and their phone numbers?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior education and employment history. No manager, supervisor, or employee of LKE Corporation has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will. Only the president of LKE Corporation has the authority to make any such agreement and then only in writing. All employment will continue on that basis. No supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_