

Pinky's Aggregates, Inc.
EMPLOYMENT APPLICATION

3731 86th St. NE • Rolette, ND 58366 • Phone: 701-246-3880 • Fax: 701-246-3889

Applicant Information

First Name: _____ Last: _____ Middle Initial: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Date of Birth: _____ Social Security No.: _____ Desired Salary: \$ _____
 Position Applied for: _____ Date Available: _____

Applicant Questionnaire

All applicants are to complete this section.

	YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your friends/relatives work here? If yes, who & relationship: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to work out of town for extended periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Driver's License? State: _____ DL #: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed? Company Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Can we contact your current employer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? In what State: _____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____		
Have you ever had any Drug/Alcohol related conviction? In what State: _____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____		
Are you Willing and Available to work:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full Time <input type="checkbox"/> Days <input type="checkbox"/> Temporary		
<input type="checkbox"/> Part Time <input type="checkbox"/> Nights <input type="checkbox"/> Both		

CDL Driver Qualification

Only CDL applicants need to complete this section.

	YES	NO
Have you had any accidents in the past 3 years? When: _____ How Many: _____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____		
Have you had any traffic violations or tickets in the past 3 years? How Many: _____	<input type="checkbox"/>	<input type="checkbox"/>

Please list driver licenses and permits held in past 3 years:

State	License Number	Type	Endorsements	Expiration Date
_____	_____	_____	_____	_____

Driving Experience:	From	To	Equipment Type	YES	NO
Tractor and Semi-Trailer	_____	-	_____	<input type="checkbox"/>	<input type="checkbox"/>
End Dump Trailer	_____	-	_____	<input type="checkbox"/>	<input type="checkbox"/>
Side Dump Trailer	_____	-	_____	<input type="checkbox"/>	<input type="checkbox"/>
Lowby / Equipment Transport	_____	-	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	-	_____	<input type="checkbox"/>	<input type="checkbox"/>

Certification

Please list all Certificates.

	YES	NO
Do you have a Miners Certificate? Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Medical Certificate? Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a First Aid Certificate? Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a MSHA Form 5000-23? Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

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Education

High School: _____ Address: _____
From: _____ To: _____ Degree: _____
College: _____ Address: _____
From: _____ To: _____ Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
City: _____ Zip: _____ Job Title: _____
From: _____ To: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
City: _____ Zip: _____ Job Title: _____
From: _____ To: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
City: _____ Zip: _____ Job Title: _____
From: _____ To: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
City: _____ Zip: _____ Job Title: _____
From: _____ To: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
Reason for Leaving: _____

References

Name: _____ Address: _____
Phone: _____ Occupation: _____ Years Known: _____
Name: _____ Address: _____
Phone: _____ Occupation: _____ Years Known: _____
Name: _____ Address: _____
Phone: _____ Occupation: _____ Years Known: _____
Name: _____ Address: _____
Phone: _____ Occupation: _____ Years Known: _____

