

Office
1300 Lincoln Street
West Des Moines, Iowa 50265
515.221.9669



Mailing Address
P.O. Box 65430
West Des Moines, Iowa 50265
Fax: 515.221.9778

Thank you for your interest in employment with Corell Contractor, Inc. We look forward to learning more about your background, experience and interests. Our reputation is very important to us and we value our employees and their contributions to the company. Please complete the application below and submit it to our offices for review. We actively consider all applications for 45 days. We will review your application and contact you when your background matches our hiring needs.

You may fax your completed application to (515) 221-2460

or mail it to:

Corell Contractor, Inc.
Attn: Hiring Department
1300 Lincoln Street
West Des Moines, IA 50265

Corell Contractor, Inc. is an Equal Opportunity Employer

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Application for Employment

Position(s) Applied For _____ Date of Application _____

How did you learn about us? Advertisement Employment Agency Friend Relative Walk-in Other _____

Last Name _____ First name _____ Middle Name _____

Address (Number, Street, City, State, Zip Code) _____

Telephone Number(s) _____

Are you at least 18 years of age? ___yes ___no

Have you ever filed an application with us before? ___yes ___no If yes, give date: _____

Have you ever been employed with us before? ___yes ___no If yes, give date: _____

Are you currently employed? ___yes ___no If yes, may we contact your current employer? ___yes ___no

Are you available to work the following: ___full time ___part time ___shift work ___temporary

On what date(s) would you be available for work? _____

Can you travel if a job requires it? ___yes ___no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___yes ___no

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last seven years? ___yes ___no If yes, please explain _____

Foreign Language: Do you speak, read, or write fluently a language other than English? ___yes ___no

If YES, describe ability and list language(s): _____

We are an EQUAL OPPORTUNITY EMPLOYER

DRIVING QUALIFICATIONS

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? ____yes ____no

If YES, please specify the type of license ____Operators License ____Commercial Driver License

Please list the following: License Number _____ Expiration Date _____
Endorsements _____ CDL Classification _____

Have you had a motor vehicle accident or moving violation in the past 3 years? ____yes ____no

If YES, please explain: _____

SPECIALIZED SKILLS

EQUIPMENT

Check the equipment that you are qualified by training and experience to operate:

<input type="checkbox"/> Backhoe	<input type="checkbox"/> Mini Excavator	<input type="checkbox"/> Skidloader	OTHER _____
<input type="checkbox"/> Cat Scraper	<input type="checkbox"/> Motor Grader	<input type="checkbox"/> Small Dozer	_____
<input type="checkbox"/> Crane	<input type="checkbox"/> Motorized Scraper	<input type="checkbox"/> Trackhoe	_____
<input type="checkbox"/> Loader	<input type="checkbox"/> Roller Tractor	<input type="checkbox"/>	_____

SAFETY TRAINING

Have you completed the OSHA 10 Hour Training course ____yes ____no

SAFETY TRAINING

Indicate any other safety training you have received in the past three years:

<input type="checkbox"/> Confined Space	<input type="checkbox"/> Flagger	OTHER _____
<input type="checkbox"/> Crane Safety	<input type="checkbox"/> Forklift Safety	_____
<input type="checkbox"/> Excavation Safety	<input type="checkbox"/> LockOut/ TagOut	_____
<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Rigging	_____

OTHER - Describe any other specialized training, apprenticeship, or job related skills.

REFERENCES

1.	()
(Name)	(Phone)
(Address)	

2.	()
(Name)	(Phone)
(Address)	

3.	()
(Name)	(Phone)
(Address)	

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Other				
Other				

EMPLOYMENT EXPERIENCE

NOTE: All prospective employees seeking employment in a position that requires a Commercial Drivers License (CDL) must present a fully completed application including references and a complete employment history for the last 10 years.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude, organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed	
Address					
Telephone Number(s)		Hourly Rate/Salary Starting Final			
Job Title	Supervisor				
Reason for Leaving					

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Address					
Telephone Number(s)		Hourly Rate/Salary Starting Final			
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

APPLICANTS STATEMENT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also acknowledge that I have received and read "Equal Employment Opportunity/Affirmative Action Notice".

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview? yes no

Time and date of interview _____

Remarks/Notes: _____

Employed? yes no Date of Employment _____

Job title _____ Department _____

Hourly rate/salary _____ Union # _____ Job Class _____

By: _____ Date _____

Name and title

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VOLUNTARY SURVEY

Corell Contractor Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Corell Contractor Inc., it will not be used as employment criteria. Corell Contractor Inc. is an equal opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

NAME: _____ PHONE _____

ADDRESS: _____

DATE: _____ POSITION APPLIED FOR: _____

REFERRAL SOURCE: How did you learn of this position?
_____ Advertisement (list newspaper) _____
_____ Friend _____
_____ Relative _____
_____ Walk In _____
_____ Employment Agency (give name) _____
_____ Other (list source) _____

SEX: _____ Male _____ Female

ETHNIC ORIGIN:
_____ White _____ Hispanic _____ American Indian/Alaskan Native
_____ Black _____ Asian/Pacific Islander _____ Other

CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual