## L. R. FALK CONSTRUCTION COMPANY 141 W. 4<sup>th</sup> St. PO Box 189 St. Ansgar, IA 50472 Phone (641)-713-4569 Fax (641)713-3200

## **EMPLOYMENT APPLICATION AGREEMENT**

I authorize investigation of all job related information contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that 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 any previous notice.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## PRE-EMPLOYMENT DRUG & ALCOHOL TESTING NOTIFICATION AND CONSENT

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). I also understand that I will be placed on the employee alcohol random testing program and will be required to submit to an alcohol test should my name be selected. This test will be completed while the employee is currently working on the job.

I understand that, if I test positive for use of controlled substances or alcohol, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test results were negative or positive. The results of any tests will not be released to any additional parties, except as provided in s 40.37, without my written authorization.

I hereby agree to submit to urine & alcohol drug tests.

Print Applicant's Name: \_\_\_\_\_

Applicant's Signature:

Date:

# L. R. FALK CONSTRUCTION COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

## PERSONAL DATA

Please print. Answer all question and use the word information will be kept confidential.	ls "no or "none" when necessary. All
Name:	Social Security Number:
Present Home Address:	Telephone No.: ()
Email Address:	
Can you legally work in the United States?	yesno
Type of position desired: Who	referred you to our company?
List of friends or relatives employed by our compa	iny:
Have you been employed by L. R. Falk before? Have you applied to L. R. Falk before?	Date available for employment:
List any special skills or equipment you operate:	
If applying for a driving position, please answer th What type driver's license do you have? Operator CDL – classification	State:
In case of emergency, Notify: Name: Address: Phone No.	

## EMPLOYMENT BACKGROUND

Indicate present or last employer first.		
Employer:	Address:	
1 2	Telephone No:	
Length of service:		
Yearly base salary:	Supervisor's Name & Title:	
Describe beginning an	d final title and duties:	
Employer:		
	Telephone No:	
Length of service:	Supervisor's Name & Title:	
Yearly base salary:	Supervisor's Name & Title:	
Describe beginning an	d final title and duties:	
Employer: Length of service: Yearly base salary: Describe beginning an	Address:	
Desired salary range: From: \$	May we contact your present employer? To: \$ yes no MILITARY SERVICE – U.S. ARMED FORCES	
Branch:		
	Active - Obligation: Inactive Other – Explain:	

## **EDUCATION**

High School:	
Name & Location:	
Major/Field of Study:	
Colleges:	
•	
Degree/Diploma:	
Others:	
Name & Location:	
List extracurricular activities a	and/or offices held:
High School:	
College:	

#### AUTHORIZATION TO OBTAIN DRIVERS LICENSE HISTORY

In accordance with applicable state and federal laws, I do hereby authorize L. R. Falk Construction Company to obtain a copy of my driver's license history. I understand that my driver's license history will be reviewed by L. R. Falk Construction Company for employment purposes. I further understand that this is a continuing authorization and, if hired, the company can review my record at any time during my employment.

Applicant's Signature

Drivers License Number

Date

State Issued