



VERTICAL LIMIT CONSTRUCTION

825 3RD AVENUE
WANAMINGO, MN 55983

(507) 824-1222 - OFFICE
(507) 824-1223 - FAX

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Instructions: Please fill this application out in Blue or Black ink. Also if a field does not apply please put N/A, Do not leave blank.

(PLEASE PRINT)

Position(s) applied for _____		Date of Application _____	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (list) _____	
Last Name: _____	First Name: _____	Middle Name: _____	
Address: _____	City: _____	State: _____	Zip Code: _____
Cell Phone: _____	Home Phone: _____	E-Mail: _____	

Best time to contact you at home is: :____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed and application with us before? Yes No

 If yes, give date _____

Have you ever been employed with us before? Yes No

 If yes, give date(s) _____

Do you have any friends or relatives that are employed by us? Yes No

Please list their names: _____

Are you currently employed? Yes No

May we contact your present employer? 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.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available for work Full Time Part Time Temporary - dates available ____/____/____ - ____/____/____

Do you have a Valid, State Issue, Driver's License? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

JOB FUNCTION INQUIRIES

Vertical Limit Construction employees are typically assigned to work in commercial and industrial work environments. The essential job functions of these projects routinely require lifting, bending, squatting, walking, carrying heavy objects, climbing, repetitive hand movements, overhead work and other functions. Please indicate whether you can perform the following job requirements with or with our reasonable accommodation. Provide any comment you believe necessary in the space provided.

1. Frequent standing and/or walking for extended periods of time. Yes No

Comments: _____

2. Working on structures up to 500 feet above the ground. Yes No

Comments: _____

3. Comparing size, shapes, and forms; distinguishing colors. Yes No

Comments: _____

4. Reaching, extending your arms and lifting objects over your head. Yes No

Comments: _____

5. Climbing and maintaining your balance up to 500 feet in height. Yes No

Comments: _____

6. Lifting and carrying objects weighing up to 80 pounds. Yes No

Comments: _____

7. Vertical Limit Construction employees typically start work between 5:00 – 7:30 AM and ending work between 5:00 – 7:30 PM and travel out of town for extended periods of time. Can you meet this requirement? Yes No

Comments: _____

EDUCATION

	Name and Address of School. Years Attended	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States Military

CERTIFICATIONS <i>Please list all job related certifications held</i>

EMPLOYMENT EXPERIENCE

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 & SUPERVISOR	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary From To		
Job Title			
Reason for Leaving			
EMPLOYER & SUPERVISOR	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary From To		
Job Title			
Reason for Leaving			
EMPLOYER & SUPERVISOR	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary From To		
Job Title			
Reason for Leaving			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:

OTHER QUALIFICATIONS

Summarize special job-related skills/equipment operated and qualifications acquired from employment and other experience.

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Have you ever been convicted or plead guilty to a Crime?

Yes

No

If Yes please identify to the best of your recollection, each conviction or plea, the year and the state of occurrence, whether the conviction/plea resulted in incarceration, and whether you are currently on parole or probation. Exclude all traffic violations other than DUI's and all convictions greater than misdemeanor. Be advised that the mere existence of a criminal conviction is not an automatic bar to employment.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

A review of the activities involved in such a job or occupation has been given and/or explained.

REFERENCES

Name/Occupation _____ Phone # (____) _____

City/State _____ How long acquainted _____ yrs

Name/Occupation _____ Phone # (____) _____

City/State _____ How long acquainted _____ yrs

Name/Occupation _____ Phone # (____) _____

City/State _____ How long acquainted _____ yrs

WE REQUIRE RANDOM DRUG TESTING

