

BORDER STATES PAVING, INC.



ASPHALT PAVING CONTRACTORS
FARGO, NORTH DAKOTA

APPLICATION FOR EMPLOYMENT

Fill out completely and accurately.

(Please print or type).

“An Equal Opportunity Employer”

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. All information provided in this application will be treated confidentially. Border States Paving, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other classification protected by local, state, or federal law in employment. Border States Paving, Inc. is a Drug-Free workplace.

PERSONAL INFORMATION

Application Date _____

NAME _____ TELEPHONE # () _____

ADDRESS _____

STREET

CITY

STATE

ZIP

E-mail Address _____

Position you are applying for: _____ Age (If under 21) _____

Have you previously worked for Border States Paving? _____ If yes, provide dates. _____

Driver's License Number _____ State of issue: _____ Expiration date: _____

Class of Driver's License: _____ Endorsements: _____ Restrictions: _____ DOT Physical Exp. Date: _____

If hired, can you provide proof that you can legally work in the United States? _____
(Proof of eligibility will be required upon employment).

List any friends or relatives currently employed at Border States Paving: _____

EDUCATION

	Number of Years Completed	Degrees Earned or Expected	Major Course of Study
High School			
College or University			
Trade or Business			
Other			

How did you hear about this position? _____

Days/Hours available to work _____

Are there specific days/hours that you cannot work? _____

JOB RELATED SKILLS

Truck Driving Experience: _____
Operating Equipment Experience: _____
Other Relevant Experience OR Special Training: _____

WORK HISTORY

(Include the last 7 years of your employment history)

Current or Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

Second Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

Third Last Employer: Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Month/Year Month/Year
Reasons for Leaving _____
Were you subject to FMCSRs** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
* Account for period between jobs - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment **must be explained** if you were subject to FMCSR compliance.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property.

In exchange for the consideration of my job application by BORDER STATES PAVING, INC, I agree that:

- 1) I authorize investigation of all statements contained in this application and in accordance with Department of Transportation Federal Motor Carrier Safety Regulations, including all records regarding alcohol and controlled substance testing results.
- 2) I understand that Border States Paving, Inc. has a drug and alcohol testing policy that provides for pre-employment testing after employment. Consent and compliance with this policy is a condition of employment.
- 3) I understand my employment will be an at-will basis and may be terminated at any time by either party with or without cause.
- 4) I further understand that continued employment may be based on the successful passing of job-related physical examinations.
- 5) A driver's license check may be requested from the Motor Vehicle Department in the state in which your license is held.

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. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be sufficient grounds for disqualification of this application or termination of employment.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____ Hour _____

Border States Paving, Inc
Attn: Human Resources
4101 32nd St. N., P.O. Box 2586
 Fargo, ND 58108
PH: 701-237-4860 Fax: 701-237-0233
hr@borderstatespaving.com