



**TRUSTED  
FAIR  
COMPETENT**

Tru-Form Construction, Inc.  
7875 Black Hawk Rd.  
P.O. Box 742  
Black Hawk, SD 57718

## EMPLOYMENT APPLICATION

Tru-Form Construction, Inc. is an **Equal Opportunity Employer** and will not discriminate against any applicant based on race, religion, sex, national origin, age, disability status or any other classification protected by federal, state or local laws. We are a drug free workplace.

### PROSPECTIVE INFORMATION

What position are you applying for? (check all that apply)

*For descriptions of the different positions, ask to see our "JOB CLASSIFICATIONS" sheet.*

SUPERINTENDANT

FOREMAN

CONCRETE FINISHER

CARPENTER / FORM SETTER

LABORER

OFFICE PERSONNEL

When are you available to start working?

AT THIS DATE: \_\_\_\_\_  
(M/D/Y)

NOW

In order to maintain a safe work environment for its employees, Tru-Form Construction, Inc. requires all new hires and current employees to provide the minimal amount of Personal Protective Equipment (PPE). This includes: an approved Company hard-hat, a T-shirt with standard 4-inch sleeves (no cutoffs or tank tops), durable long pants (no sweat pants or shorts), and rugged footwear that covers the ankle (no tennis or sneakers).

Do you agree to provide these items upon employment?

YES

NO

### LEGAL / IDENTIFYING INFORMATION

Name

\_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST

Are you over 18 years of age?

YES

NO

Social Security #

\_\_\_\_\_ (XXX - XXX - XXXX)

Current Address

\_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APT/UNIT #

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE

Current Telephone #

( ) - \_\_\_\_\_

Email Address:

\_\_\_\_\_

Do you have a valid Drivers' License or state issued ID card?

YES

NO

(If "YES") Drivers' License/State ID #:

\_\_\_\_\_ NUMBER \_\_\_\_\_ STATE

Have you ever been convicted of a felony?

YES

NO

### HEALTH AND SAFETY INFORMATION

Heavy lifting may be required while employed at Tru-Form Construction, Inc.

Can you safely lift up to 100 lbs?

YES

NO

Tru-Form Construction, Inc. requires mandatory pre-employment drug screening as well as periodic testing for current employees.

Can you pass a drug test?

YES

NO

If you answered "NO" to the previous question, please list any medications you are currently taking. You will be required to provide proof of any medications prescribed to you by a licensed physician prior to employment and periodically throughout employment. If you cannot provide evidence that you were prescribed the medications listed, you may be denied employment.

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS, EDUCATION, AND PREVIOUS EMPLOYMENT INFORMATION**

Do you have a Commercial Drivers' License?

YES

NO

If "YES", please indicate the issuing state and any endorsements granted:

Level of education completed:

- None
- HS Diploma / GED
- Technical School
- College: Associates Degree
- College: Bachelors Degree
- College: Masters Degree
- Other

Type / School Attended

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Previous/Current Employer

Telephone #

Hire date ( M/Y)

End Date (M/Y)

	<u>Previous/Current Employer</u>	<u>Telephone #</u>	<u>Hire date ( M/Y)</u>	<u>End Date (M/Y)</u>
1				
2				
3				
4				
5				

Please list any skills you have that are related to the construction industry. If you do not have any experience in construction, you may leave this blank or list other special skills or qualifications you have that may be of value in our workplace:

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**DISCLOSURE AGREEMENT**

I hereby authorize Tru-Form Construction, Inc. to provide information to my prospective employer pertaining to my employment.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment history and work performance insofar as the information is released solely to employers who are evaluating my suitability for employment.

This authorization shall remain valid for 90 days from the date of signature.

I hereby release Tru-Form Construction, Inc. from any claims, damages, or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the employment reference as contemplated by this authorization.

**I have read the above statement, understand their contents, and voluntarily agree to its terms.**

*Signature*

*Date*

*Printed Name*