



PH: (402) 748-3551

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86360 Hwy 121 ---- Osmond, NE 68765

www.aschoffconstruction.com

### AT WILL EMPLOYMENT APPLICATION

Aschoff Construction, Inc. is an AT-WILL employer, meaning that either the employer or employee can end the employment relationship at any time and for any reason.

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of Aschoff Construction, Inc. to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of Aschoff Construction, Inc. to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples.

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Desired Wage: \_\_\_\_\_ Are you applying for a full time position: \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
Have you ever applied with Aschoff Construction before:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked here before:	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States:	<input type="checkbox"/>	<input type="checkbox"/>
If no, are you authorized to work in the United States:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Drivers License:	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of or pleaded guilty to any traffic related offense(s):	<input type="checkbox"/>	<input type="checkbox"/>
Have you had your Drivers License suspended or revoked:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any hours or days of the week you cannot work:	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____		
Will you travel if the job requires it:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been discharged or asked to quit a job:	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the job requirements:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony or other crime	<input type="checkbox"/>	<input type="checkbox"/>

This application will remain active for 180 days.

**EDUCATION:**

	Name & Location of School	Years Attended	Did you Graduate?		Subjects Studied
Elementary School			YES	NO	
High School			YES	NO	
College			YES	NO	
Trade, Business School			YES	NO	

**Employment History (FROM MOST RECENT):**

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** Give the name of three persons not related to you, whom you have known at least one year

	NAME AND ADDRESS	PHONE NUMBER	COMPANY	YEARS ACQUAINTED
1.				
2.				
3.				

Please list all languages you speak fluently: \_\_\_\_\_

Please list any special skills, interests and Activities related to your potential employment: \_\_\_\_\_

US MILITARY OR NAVAL SERVICE/RANK/PRESENT STATUS: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE:** I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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

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