

16536 Co Hwy 34, Dodge Center, MN 55927 507-528-2225 Fax 507-528-2210 www.hodgmandrainage.com

Personal Information	
Full Name:	
Street Address:	
City: Zip:	
Home Phone:	
Business Phone:	
Have you ever applied for employment with us?	
o Yes o No If yes, when?:	
Position Desired	
Title: Date Available: Desired Salary: \$	
Desired Salary: \$	
Type of employment: o Full-time o Part-time o Seasonal	
Availability: o Days o Evenings o Weekends o Holidays	
*Much of our work is performed on weekends, holidays, or extended hours. Work schedules may be subject to change on a weekly base	sis.
Are you willing to travel? o Yes o No	
*Employees in certain positions may be required to travel on an occasional basis. When required to travel, employees will be away fro	m
home one or more nights at a time. If offered a position that requires traveling, are you able to travel with reasonable notice?	
Work Eligibility	
Are you eligible to work in the United States? o Yes o No	
Are you 17 or older? o Yes o No	
Have you been convicted of or pleaded no contest to a felony within the last five years? o Yes o No	
If yes, please explain:	
Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach	- h
of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and	/11
other related crimes within the last five (5) years? * o Yes o No	
If	
*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which	
you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factor	
Do you have other special training or skills (Licenses, computer software knowledge, machine operat	ion
experience, etc.)?	
How did you hear of our organization?	
Education	
High School:         State:	
# of Years Completed: Did You Graduate? o Yes o No	
College/Trade School: City: State:	
Course of Study: # of Years Completed:	
Did You Graduate? o Yes o No Degree: Certificate:	

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable. Please Complete all 3 Positions.  Position #1	
Company Name: City: State:	
Name of Supervisor:	
Name of Supervisor: To: Weekly Pay:	
Describe your work:	
May we contact this employer? Yes: No:	
If not why not?	
If not, why not?	
Reason for leaving:	
Company Name: City: State:	
Name of Supervisor:	
Name of Supervisor: To: Weekly Pay:	
Describe your work:	
Describe your work: No:	
If not sylvenot?	
If not, why not?	
Reason for leaving:	
Position #3	
Company Name: City: State:	
Company Phone Number: Job Title:	
Name of Supervisor:	
Employed (Month and Year) From: To: Weekly Pay:	
Describe your work: No: No:	
If not, why not?	
Reason for leaving:	
Conditions of Employment  Hodgman Drainage Co. Inc. sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with Hodgman Drainage Co. Inc., you need to carefully consider what we would require of you before you accept.  Following our standards of professionalism  Arriving on time  Maintaining a positive, enthusiastic attitude  Treating coworkers with respect  Being honest and dedicated in your work  Completing necessary training requirements  Following company policies and procedures  Following directions  Meeting standards of work quality and quantity  Accepting a work schedule  Are you willing and able to comply with all the requirements listed? Yes: No:  If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:	
Agreement of the Transfer of Information  I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.  I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's preemployment policy.  I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that Hodgman Drainage Co. Inc. retain the same rights.  Signature:	f