

## 460 YORK STREET CARIBOU, ME 04736 207-498-6300

## **EMPLOYMENT APPLICATION**

	Ap	plication Informati	on	
Full Name:				Date:
Last	First	ſ	ΛI	
Address:				
Street Ad	ddress		A	Apt/Unit #
City		State		ZIP Code
Phone:		Date of Birth:		
are you a citizen of the	Yes No e United States? □ □	Yes No If no, are you authorized to work in the U.S.?		
lave you ever worked	Yes No for this company? □ □	If yes, when?_		
lave you ever been co	Yes No nvicted of a felony? □ □			
f yes, explain:				
		Education		
0 8 2200	Name & Location of School	Number of Years A	ttended	Subjects Studied/Degree
High School				
College				
Trade, Business, or Correspondence School				
	Ge	eneral Information		
Vhat position are you	applying for?			
	to Soderberg Construction before			
ow did you hear abou	t Soderberg Construction?			

		Previous Employment			
Company:		Phone:			
Address:		Supervisor:	Supervisor:		
Job Title:		Salary:\$			
From:	То:	Reason for Leaving:			
May we contact	your previous supervi	sor for a reference? Yes   No			
Company:		Phone:			
Address:		Supervisor:			
Job Title:		Salary:\$			
From:	То:	Reason for Leaving:			
May we contact	your previous supervi	sor for a reference? Yes   No			
Company:		Phone:			
Address:		Supervisor:			
Job Title:		Salary:\$			
From:	То:	Reason for Leaving:			
May we contact	your previous supervi	sor for a reference? Yes   No			
		Licenses-Skills-Certifications			
icenses/Certifica	tions or OSHA Credent	tials – Type:			
icense Number:_		State of Issue: Expiration Date:			
kills and Equipme	ent you can operate:_				
J.S. Military Servi	ice:	Rank:			
Present Members	ship in the National Gu	ard or Reserves:			

Driving Qualification and Experience (Complete this section only if you are applying for a CDL Position)  Licenses Held:						
State:	License No:		Type:	Expirat	ion Date:	
State:	Licens		Type:		Expiration Date: Expiration Date: Expiration Date:	
State:	Licens		Type:			
quipment	Experience:					
Equipment (	Class:	Equipment Type Tank, Ree		or How Long?	Total Miles (Approx.)	
Tractor & Se	emi & Trailer:			· · · · · · · · · · · · · · · · · · ·		
Tractor w/ T	Two Trailers:					
Straight True	ck:					
Other:						
	sted positive for bhol test in the p	r a pre-employmer past two years?	t or random Yes 🗆	No 🗆		
!	\					
	nd Violations: the Past Three \	ears (List most re	cent first – attach additiona	Il sheets if needed)		
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe		
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe		
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe		
affic Convi	ctions in the Pas	t Three Years (No	Parking Violations)  Vehicle Type:	Describe		
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe		
Date:	Injuries?	Fatalities?	Vehicle Type:	Describe		

	References (Give the name of three persons not related to you, whom you have known at least one year)
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
	Authorization, Disclaimer and Signature
	hat all the information submitted by me on this application is true and complete. I understand that employment is conditioned ackground check and if any false information, omissions, or misrepresentations are discovered, my application will be rejected.
also unde	ployed, my employment will be "At Will" and may be terminated at any time with or without cause and with or without notice. I erstand the terms and conditions of my employment may change at any time. If employed I agree to conform to all Soderberg's and regulations. I also agree to submit to any medical examinations and drug tests as deemed appropriate by the company.
l underst	and that the filling out of this application or the advent of an interview does not imply a promise for employment and does not obligate Soderberg's to hire. Only the President of the Company can or will enter into an employment agreement.
substan	cants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled ces and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of nt. Applicants will also be asked to sign forms for release of information from previous employers where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.
Signature:	Date: