



DRAINAGE COMPANY INC.

60731 120th Avenue • Claremont, MN 55924 • Fax: 507.528.2210 • Phone: 507.528.2225 • www.hodgmandrainage.com

**Personal Information**

Full Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Have you ever applied for employment with us?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when?: \_\_\_\_\_

**Position Desired**

Title: \_\_\_\_\_  
Desired Salary: \$ \_\_\_\_\_

**Work Eligibility**

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
When will you be available to begin work? \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)  
Are you 17 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Have you been convicted of or pleaded no contest to a felony within the last five years?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \* Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Do you have other special training or skills (Licenses, computer software knowledge, machine operation experience, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of our organization?  
\_\_\_\_\_  
\_\_\_\_\_

\*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 factors.

**Education**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_  
Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_

## Employment History

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

### Position #1

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_  
May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Position #2

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_  
May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
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: \_\_\_\_\_  
May we contact this employer? Yes: \_\_\_\_\_ 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 pre-employment 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. retains the same rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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