



60731 120th Ave Claremont, MN 55924
507-528-2225 Fax 507-528-2210
www.hodgmandrainage.com

Personal Information

Full Name: _____
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: _____
of Years Completed: _____ Did You Graduate? Yes: _____ No: _____

College/Trade School: _____ City: _____ State: _____
Course of Study: _____ # of Years Completed: _____
Did You Graduate? Yes: _____ No: _____ Degree: _____ Certificate: _____

Employment History

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: _____

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: _____

Office Use: _____ Date _____

Printed Name: _____
