

Doboszinski & Sons Inc
 9520 County Road 19
 Loretto, MN 55357
 Tel 763.478.6945 Fax 763.478.3186
 llahti@doboszinskiandsons.com

Application for Employment

Our organization is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

Revised 8/2023

Date: _____

PERSONAL INFORMATION

Name: _____

Present Address: _____

Mailing Address: _____

Cell Number: () _____ Email Address: _____

EMPLOYMENT INFORMATION

If hired, are you able to submit verification of your legal right to work in the United States? YES NO

Position Desired _____ Driver's License # _____

Available Start Date _____ Salary Expectation _____

Do you desire: Full Time Part Time Are you in the Union: Yes ___ No ___ 49rs ___ Labor ___

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

EMPLOYMENT EXPERIENCE

List names and addresses of previous employers during the last five years. Begin with your most current employer.

1. Employer	Dates Employed		Work Performed
Address	From	To	
Supervisor	Job Title		
Reason for Leaving			Telephone Number
2. Employer	Dates Employed		Work Performed
Address	From	To	
Supervisor	Job Title		
Reason for Leaving			Telephone Number

3. Employer	Dates Employed		Work Performed
Address	From	To	
Supervisor	Job Title		
Reason for Leaving			Telephone Number

4. Employer	Dates Employed		Work Performed
Address	From	To	
Supervisor	Job Title		
Reason for Leaving			Telephone Number

EDUCATION

Type of School Attended	School Name and Location	Did you Graduate? YES/ NO	Field of Study
High School: circle highest grade completed 9 10 11 12			
Additional Education Vocational, Technical, University, College			
Additional Training/Qualifications			

SPECIAL SKILLS AND QUALIFICATIONS

PROFESSIONAL REFERENCES

List names and contact information of three professional references. Professional references may include previous co-workers, supervisors, instructors, or other individuals who are familiar with your professional experiences.

NAME OF REFERENCE	COMPANY NAME	JOB TITLE	TELEPHONE NUMBER

“This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **our organization** to make an investigation of any of the facts set forth in this application.”

Applicant's Signature

Date

To assist Dispatch - Please fill out the following:

Please be honest - Check all that apply

	Very Skilled/ Preferred	Limited Experience	Interest in Learning	Not Interested
Dozer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Road Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Grader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skidsteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scraper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crushing Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice	<input type="checkbox"/>	Comments: _____		

I have the following training:

Driver's License Class:

Health Card Expiration Date: _____

A

B

C

D