



construction, inc.

Commercial | Medical | Institutional

7135 5th Avenue NE
Sauk Rapids, MN 56379

Office (320) 393-3185
info@bciconstruction.us

**An Equal
Opportunity
Employer**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date _____

First name Last name (Middle name)

Address City State Zip Code

Phone Number (Home) (Mobile) (Email)

Position(s) applied for Pay expected

When would you be available to begin work? _____

Have you ever been employed with us before? If yes, when? _____

Are you currently employed? _____ Are you 18 years or older? _____

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant).

Have you ever had any job-related training in the United States military? If yes, please describe.

How did you learn about us? _____

_____ Advertisement _____ Friend
_____ Employment Agency _____ Relative
_____ Walk-In _____ Other

RECORD OF EDUCATION

School	Name and Address of School	Circle Last Year Completed	Course of Study	Did You Graduate?	List Diploma or Degree
High		1 2 3 4		Yes No	
College		1 2 3 4		Yes No	
Other (Specify)		1 2 3 4		Yes No	

EMPLOYMENT EXPERIENCE

Please start with current or last employer

<u>Employer</u>	Start Date -- End Date	Work performed
Address	Telephone number(s)	
Job title	Supervisor	Salary / Wage: starting/final
Reason for leaving		

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Address	Telephone number(s)	
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Reason for leaving		

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature: _____

If there is a particular employer(s) you do not wish us to contact? _____

REFERENCES

1.	
2.	
3.	

Please read & sign the Applicant's Statement on the next page of this Application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that any offer of employment, which I may receive, is contingent upon my successful completion of a blood and/or urine drug screen. If hired, submission to drug and/or alcohol testing may be required as a condition of employment. Refusal to submit to such testing during the course of employment may result in disciplinary action, up to and including termination.

I understand that neither this document nor any offer of employment from BCI Construction, Inc. constitutes an employment contract unless a specific document to that effect is executed by the President of BCI Construction, Inc. and myself in writing.

I understand that any offer of employment is contingent upon my signing an employment agreement.

In the event of employment, I understand that false or misleading information given in my application, resume (if any), or interview(s) may result in termination. I understand also, that I am required to abide by all rules and regulations of BCI Construction, Inc.

I understand and acknowledge that if hired, my employment is at-will and may be terminated at any time by BCI Construction, Inc. or myself.

Signature of Applicant

Date

Voluntary Applicant Survey Form

An Equal Opportunity, Affirmative Action Employer

Last name	First name	Middle initial(s)
Date	Position(s) for which you are applying	

Please read carefully (**voluntary disclosure**): As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.

Race/Ethnicity – Select one or more

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Do not wish to answer**

Disability – Are you a person with a disability?

- Yes**
- No**
- Do not wish to answer**

Sex/Gender – Select one

- Female**
- Male**
- Non-Binary/Transgender/Gender Non-Conforming**
- Do not wish to answer**