

**DeLong Construction, Inc.**  
**1320 North 8th Avenue, PO Box 488**  
**Washington, IA 52353**  
**Phone (319)653-3334**  
**Fax (319)653-3351**

**ASSOCIATED GENERAL CONTRACTORS**  
**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

Date \_\_\_\_\_

Job Applied For: \_\_\_\_\_

**A. PERSONAL INFORMATION**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET APT.# CITY STATE ZIP

Telephone # where you can be contacted: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_ YES \_\_\_\_ NO

What is your military status? \_\_\_\_\_

Are you prevented from becoming employed because of visa or immigration status? \_\_\_\_ YES \_\_\_\_ NO  
(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer)

Will you be able to perform the essential functions of the position for which you have applied? \_\_\_\_ YES \_\_\_\_ NO

If NO, what accommodation to this condition would make it possible for you to do this job?  
\_\_\_\_\_

Do you speak, read or write fluently a language other than English? \_\_\_\_ YES \_\_\_\_ NO  
If YES, describe ability and list language(s) \_\_\_\_\_

**B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK**

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Shift \_\_\_\_ Temporary

Are you on a lay-off and subject to re-call? \_\_\_\_ YES \_\_\_\_ NO

Can you travel if a job requires it? \_\_\_\_ YES \_\_\_\_ NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? \_\_\_\_ YES \_\_\_\_ NO

If YES, please specify the type of license: \_\_\_\_ Operators License  
\_\_\_\_ Commercial Drivers License (circle one): Class A Class B

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had a motor vehicle accident or a moving violation in the past 3 years?  YES  NO

If YES, please explain \_\_\_\_\_

What types and makes/models of construction equipment can you operate or repair?

\_\_\_\_\_

List any craft training programs in which you have participated:

\_\_\_\_\_

**Previous Employment:**

Dates \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Held/Duties \_\_\_\_\_  
Wage \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Held/Duties \_\_\_\_\_  
Wage \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Held/Duties \_\_\_\_\_  
Wage \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

If more room is needed, please use back of application.

**C. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience

\_\_\_\_\_

Do you have your own craft tools, clothing and other equipment?  YES  NO

Would you accept employment:  Out of town?  Statewide?  Unaccompanied By Family?

Have you attended High School, Vocation/Technical School or College?  YES  NO

If YES, please specify \_\_\_\_\_

**D. GENERAL**

Who should be notified in case of emergency?

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Name	Address	Area code/phone #
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“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time providing that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer.”

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

(Note: this application will be current for 6 months)

# DeLong Construction, Inc.

## “Earth Movers, Grading Contractors”

1320 North 8<sup>th</sup> Avenue  
PO Box 488

“Our business is Earth Moving, Our Quality is World Class”  
Washington, Iowa 52353

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**Website:** [www.delonginc.com](http://www.delonginc.com)  
**Email:** [delongconst@iowatelecom.net](mailto:delongconst@iowatelecom.net)  
**Phone:** 319-653-3334  
**Fax:** 319-653-3351

## NOTICE FOR ALL EMPLOYEES & APPLICANTS

### Operating Statement

It is the policy of DeLong Construction, Inc. to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, disability, or any other classification protected by federal, state or local laws. Such action shall include: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

### Designation of the EEO/AA Officer

DeLong Construction, Inc. has designated the following as the EEO/AA Officer:

Dana DeLong-Patterson  
1320 North 8<sup>th</sup> Avenue  
Washington, Iowa 52353  
319-653-3334

Dana DeLong-Patterson has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

### Training

When required to have a formal training program, we will utilize AGC’s training program, or another training program that has been approved by the U.S. Department of Labor. When not required to have a formal training program, we will make use of an informal training program. The qualifications are that you must be an employee in good standing and have supervisory approval.

DeLong Construction, Inc. will advise prospective employees / trainees of available training opportunities by postings in the employee handbook, office postings, classroom-type education at our facility, and by job site postings.

DeLong Construction, Inc. will assure that all training and promotions are open to all prospective trainees and employees, without regard to race, religion, sex, color, national origin, disability, or any other classification protected by federal, state or local laws.

DeLong Construction, Inc. will conduct one-on-one annual reviews of all enrolled trainees.

DeLong Construction, Inc. will specifically assess and evaluate the training and promotion opportunities for interested

employees yearly through a performance review.

**“An EEO / AA Employer”**

**VOLUNTARY SURVEY**

**DeLong Construction, Inc.** is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with **DeLong Construction, Inc.** it will not be used as employment criteria. **DeLong Construction, Inc.** is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**REFERRAL SOURCE:** How did you learn of this position?

\_\_\_\_\_ Advertisement (list newspaper) \_\_\_\_\_

\_\_\_\_\_ Friend

\_\_\_\_\_ Relative

\_\_\_\_\_ Walk In

\_\_\_\_\_ Employment Agency (give name) \_\_\_\_\_

\_\_\_\_\_ Other (list source) \_\_\_\_\_

**SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**ETHNIC ORIGIN:**

\_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other

**CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:**

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Disabled Individual