



APPLICATION FOR EMPLOYMENT

**ROUNDS CONSTRUCTION
COMPANY, INC.**

1124 34th Ave

Brookings, SD 57006

Phone: (605) 693-4000 Fax: (605) 693-5811

ROUNDS CONSTRUCTION
COMPANY

Date of Application: _____

Name: _____
Last First Middle

Mailing Address: _____

City/State/Zip: _____ **Phone:** _____

Social Security #: _____

Drivers License #: _____ **CDL Rating:** _____

Emergency Contact: _____
Name Phone Relationship

Position Desired: _____

Desired Wage: _____ **When can you start:** _____

Have you had a Physical Examination in the past 5 years? Yes No **Year:** _____

Reason for exam: _____

To your knowledge, do you have any of the following:

- | | | | |
|-------------------|--|----------------------|--|
| Rupture, hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Defective sight | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Defective hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kidney ailments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skin Eruptions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Narcolepsy(sleeping) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will you abide by the safety rules of this company? Yes No

If injured on the job, will you immediately report it to your superintendent and accept medical facilities recommended by your employer? Yes No

Employment History:

Company Name: _____ Supervisor Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Dates of Employment: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Reason for leaving: _____

Company Name: _____ Supervisor Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Dates of Employment: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Reason for leaving: _____

Company Name: _____ Supervisor Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Dates of Employment: _____ Starting Wage: _____ Ending Wage: _____

Job Responsibilities: _____

Reason for leaving: _____

In addition to your work history please list your other skills or experience we should consider:

To be considered for employment ALL items MUST be completed

Signature: _____ Date: _____

Signature of Superintendent/Company Rep: _____