

Berger Enterprises, LLC

1826 25th St NE

Emerado, ND 58228

Phone: 701-594-3385 Fax: 701-594-3452

APPLICATION FOR EMPLOYMENT

Berger Enterprises, LLC is an Equal Employment Opportunity Employer and will not discriminate against any applicant or employee on any ground protected under federal, state or local law, including race, color, religion, age, sex, sexual orientation, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation preference or discrimination based on protected characteristics.

Please complete all requested information			DATE: _____
Name: _____		Social Security # _____	
Last	First	Middle	Date of Birth _____
Present Address: _____			Telephone: _____
Number/Street	City	State/Zip	
Permanent Address (if different from above): _____			
Number/Street	City	State/Zip	
IF hired, can you furnish proof that you are 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____			
IF hired, can you furnish proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____			
Have you applied/worked (circle one) for Berger Enterprises before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when: _____			
Position applied for: _____		Employment desired: <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Any	
Do you have any physical limitations that preclude you from performing any work for which you are being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain: _____			
Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Operated: _____	
Do you have a CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Class? _____ If No, are you willing to get? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Wage desired: _____		Date available for work? _____	
How many hours can you work weekly? _____		Can you work nights? _____ Can you work Weekends? _____	
Days/hours Available for work:			
No Pref _____	Mon _____	Tues _____	Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete address)	# OF YEARS	GRADUATE?	MAJOR & DEGREE
High School					
College					
Trade					

HAVE YOU EVER SERVED IN THE MILITARY? _____ If yes, which branch? _____ Rank _____

Briefly describe your military duties if any may be related to position applied for: _____
imposed, and type(s) of rehabilitation. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ Yes _____ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you know anyone who has ever been employed by Berger Enterprises _____ Yes _____ No

If yes, please provide individual(s) name: _____

Please provide two references other than relatives or previous employers

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

WORK EXPERIENCE: Please list your work experience for the past ten (10) years beginning with your most recent job

Note: If more space is needed
attach additional pages

Employer _____	Position _____
Address _____	Dates of Employment: From _____ To _____
City, State, Zip _____	Supervisor _____
Telephone _____	Wage/Salary: Start _____ Final _____
Reason For Leaving _____	May we contact? _____

Employer _____	Position _____
Address _____	Dates of Employment: From _____ To _____
City, State, Zip _____	Supervisor _____
Telephone _____	Wage/Salary: Start _____ Final _____
Reason For Leaving _____	May we contact? _____

Employer _____	Position _____
Address _____	Dates of Employment: From _____ To _____
City, State, Zip _____	Supervisor _____
Telephone _____	Wage/Salary: Start _____ Final _____
Reason For Leaving _____	May we contact? _____

EXPERIENCE & QUALIFICATION - DRIVER

(Complete this section if applying for a driving or operating position)

Drivers License:

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

Have you ever been denied a license, permit or privileges to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

If you answered yes to either question please explain: _____

Driving Experience:

Class of Equipment	Type	Dates		Approx. Miles
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

List states operated in for the last 5 years: _____

List any special training/courses taken that will help you as a driver: _____

ACCIDENT RECORD for PAST 3 YEARS

(Complete this section if applying for a driving or operating position)

Please list all accidents starting with most recent first

Date	Nature (head on, rear end, etc..)	Any Injuries?

If you have had injuries from previous accidents, please explain: _____

Traffic convictions and forfeitures for the past 3 years (including minor traffic violations)

Date	Location	Charge	Penalty

OTHER EXPERIENCE & QUALIFICATIONS

List any other experience and/or qualifications not previously listed: _____

List any other training or courses not previously listed: _____

List special equipment or technical materials you can work with that has not been previously noted: _____

ACKNOWLEDGEMENT: PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I have read and understand all of the employment application. It is agreed that Berger Enterprises, LLC or agents of said company may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons name herein from all liability for any damages on account of furnishing such information. I understand as an applicant for a position with Berger Enterprises, LLC , I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on a result of a physical examination and/or drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Berger Enterprises, LLC and for no other reason.

It is also agreed and understood that under the Fair Credit and Reporting Act, Public Law 91-506, I am aware that this investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED BERGER ENTERPRISES, LLC POLICIES, AND THAT BERGER ENTERPRISES DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON.

I certify that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Signature of Applicant

Date

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EMPLOYEE AUTHORIZATION FOR MVR REVIEW

As a driver of a Berger Enterprises, LLC company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner, following all rules and regulations of the road and to drive defensively to prevent injuries and property damage.

I also understand that Berger Enterprises, LLC will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Report Act, Public Law 91-506, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I authorize Berger Enterprises, LLC or its designated agent to obtain a Motor Vehicle Report. This authorization is valid as long as I am an employee or an employee candidate and may only be rescinded in writing.

Employee's Printed Name

Drivers License Number and State

Employee's Signature

Reviewer's Signature

Date of Birth

Date

Date

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DRUG TEST CONSENT FORM

I understand that as a prospective employee for Berger Enterprises, LLC a pre-employment drug/alcohol test with a negative result is required for further employment consideration.

I understand that, if hired, as an employee of Berger Enterprises, LLC that I am subject to undergo random, reasonable suspicion and post accident drug and/or alcohol screening/testing. As a condition of my employment, I understand and agree to undergo substance screening/testing. I understand that if my test results are positive it will lead to disciplinary action up to and including termination.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Berger Enterprises, LLC for screening and testing purposes to conduct such screening and testing and to provide the results to Berger Enterprises, LLC and I release Berger Enterprises, LLC and any person affiliated with Berger Enterprises, LLC and any institution or person conducting the screening from liability therefore.

Employee Name (Please Print)

Employee Signature

Date