



LaTour Construction, Inc.
 2134 County Road 8 NW
 Maple Lake, MN 55358
 Phone: (320) 963-5993
 Fax: (320) 963-6017

For Office Use Only

EMPLOYMENT APPLICATION

Position Desired (A separate application is required for each position)

Position Desired:

Personal Information (Please notify us of any change of address or phone number.)

Last Name:

First Name:

Street Address:

Apt. No.:

City:

State/Zip:

Home Phone: ()

Alternate Phone: ()

Work Phone: ()

Social Security No. (Voluntary)

Email Address:

Do you currently possess

A valid MN Driver's License? Yes No License Number:

Exp. Date:

Class:

If hired, can you provide evidence of your legal right to work in the USA? Yes No

Have you previously applied for work with, or been employed by, LaTour Construction, Inc.? Yes No
 If yes, when and for/in what position?

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

If no, please describe the functions which you cannot perform:

LaTour Construction, Inc. complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.

How did you hear about LaTour Construction Inc.?

If referred, name of person who referred you:

Education & Training

Name of School

Location

Did you Graduate?

High School:

Yes No GED

Name of School

Location

Degree/Major

College/University:

Trade/Business School:

Name of Applicant:

Position Desired:

Certificates, Licenses & Skills

Name of License(s) & Certificate Number

State

Expiration Date

Do you belong to a union? Yes No If yes, which one?

List any award(s), qualifications for the position, etc. which are not listed in another area of the application.

Experience

List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. **A resume is not a substitute for completing this section of the application.**

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Name of Applicant:

Position Desired:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

Experience (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone: ()

Street Address:

City:

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.):

Hours per week:

Salary:

Duties Performed:

Reason for Leaving:

May we contact your present employer regarding your qualifications and work record? Yes No

May we contact your past employers regarding your qualifications and work record? Yes No

Have you ever been terminated, other than layoff, or forced to resign or rejected during probation from employment with the last 10 years? If so, please give name of employer, dates of employment and reasons below. If no, indicate "not applicable."

Name of Applicant:

Position Desired:

Agreement

Agreement of Applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal.

Signature

Date

Submit your completed application to:

LaTour Construction, Inc. ~ 2134 County Road 8 NW ~ Maple Lake, MN 55358

Employees Authorization for Motor Vehicle Report

I hereby give my permission to release my Motor Vehicle Report to LaTour Construction, Inc, to satisfy insurance requirements as needed.

Print Name

Drivers License Number

Date of Birth

State

Signature

Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.