To submit this application, you must first SAVE the completed form to your computer, and then attach it to an email addressed to hr@3cconst.com



3C Construction, LLC

4001 30th Avenue NW • Mandan, ND 58554 (701) 222-1221

An Equal Employment Opportunity Employer

APPLICANT INSTRUCTIONS

If you need help completing this application form or for any phase of the employment process, please notify hr@3cconst.com and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete

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	GENERAL		
Name: (last, first, middle initial)			
Present Address (street, city, state, zip):		E-mail ad	dress:
Home Phone:	Cell phone:		Business phone:
Position for which you are applying:		•	per
Are you interested in: [] Full-time employment or [] Part-time employment		If accepted, when can you start?	
Are you related to a director or employee? [] No []	Yes If so, list n	ames and relations	ships:
By who were you referred?		Are you at least 1 []Yes [] No	· •
The Cooperative will hire only U.S. citizens and aliens Are you a U.S. citizen? [] Yes [] No If not a U.S. citizen, are you lawfully authorized to wo	-		J.S.
Have you been convicted of a felony or drug-related of (This information will be reviewed for job relatedness If yes, please explain:			
Have you been given a job-opening announcement the essential requirements been explained to you? [] `		ential requirements	s of the position, or have the
Are you capable of performing, with or without reason have applied? [] Yes [] No	nable accommoda	ition, the essential	functions of the job for which you

	EMPLO'		
List below all present and past employment, beginning past employers, please continue on an additional she	ng with yo eet.	our most recent, i	ncluding military service. If more than 3
1. Company name and address:			
Title:	Phone I	No:	Type of Business:
ride.	1 Hone i	VO .	Type of Busiliess.
Duties:			
From (month/year):	To (month/year):
Name of supervisor/s)			
Name of supervisor(s):		Reason for leavi	ing:
2. Company name and address:			
Title:	Phone I	No:	Type of Business:
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Duties:			
From (month/year):		To (month/year):
, ,	(,		
Name of supervisor(s):		Reason for leavi	ing:
3. Company name and address:			
	T = .		
Title:	Phone I	No:	Type of Business:
Duties:			
From (month/year):		To (month/year):
Name of supervisor(s):	Reason for leav		ing:
May we contact employers listed above? [] Yes	s [] N	10	
If not, indicate which one(s) you do not wish us to con	ntact:		

EDUCATION		
If your school records are under a	different name, please enter	that name:
High School (name and address):	
Years completed:	Did you graduate? [] Yes [] No	
College (name and address):		
Years completed:	Did you graduate? [] Yes [] No	List diploma or degree:
Course of study (major/minor):		
Other (name and address):		
Years completed:	Did you graduate? [] Yes [] No	List diploma or degree:
Are you attending school or taking courses now? [] Yes [] No If yes, where?		
List scholastic honors:		
	SKILLS & A	BILITIES
If applicable to the position for	which you are applying, indica	ate your skills and abilities in the following areas:
Do you have an appropriate valid	driver's license?] Yes [] No
Do you have a Commercial Driver's License? [] Yes [] No Class Endorsements/Restrictions		
Can you travel if the position requires travel? [] Yes [] No		
Do you speak a second language? [] Yes [] No Specify:		
List specific software experience:		
List any additional skills:		
Equipment operated (bucket truck, trencher, etc.):		

PROFESSIONAL REFERENCES			
Do not refer to relatives. Include only individuals familiar with your work ability.			
NAME	ADDRESS (street, city, state, zip, phone number)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

REMARKS
Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by 3C Construction, LLC is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of 3C Construction, LLC and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by 3C Construction, LLC at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of 3C Construction, LLC or me, with or without cause.

No representative or employee of 3C Construction, LLC, with the exception of the CEO/General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the CEO/General Manager and the employee .

This application will be maintained in the 3C Construction, LLC active files for six months only, unless renewed.

I acknowledge that I have read and understand these terms.

If signed electronically, it is my intention that the marks made herein constitute my signature for purposes of this Application.		
Date:	Signature:	

Submit this Job Application and all supporting documentation to hr@3cconst.com The completed form must be saved to your computer and e-mailed as an attachment.

No paper or mail applications will be accepted.