



**HUFF**  
CONTRACTING, INC.  
– EST. 1946 –

## EMPLOYMENT APPLICATION

HUFF CONTRACTING, INC.  
1310 Grandview Ave. Waterloo, IA 50703 | (319)-233-9000  
AN EQUAL OPPORTUNITY EMPLOYER

All applicants must pass a drug test prior to being hired.  
Answer all questions completely and accurately.

**\* PLEASE PRINT \***

Date of Application \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

Present Address: \_\_\_\_\_  
Street City: State: Zip:

Permanent Address: \_\_\_\_\_  
Street: City: State: Zip:

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best time to call \_\_\_\_\_ Are you 18 years or older? ☐ Yes ☐ No

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying?

☐ Yes ☐ No If yes, please explain.

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If offered a position with Huff Contracting, can you submit verification of your legal right to work in the United States?  
Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

## DRIVER'S LICENSE INFORMATION AND RELEASE

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Do you currently have a valid driver license?

☐ Yes ☐ No State license issued in \_\_\_\_\_

Driver's License # \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has your motor vehicle license, permit, or privilege ever been suspended or revoked?

☐ Yes ☐ No

Check the type of license you currently have:

☐ Class C (noncommercial) ☐ Class D Chauffer ☐ Class B CDL ☐ Class A CDL

If you hold a CDL, check the type of endorsements(s) you currently have:

☐ Air Brakes ☐ Passenger

\_\_\_\_\_

## PLEASE READ AND SIGN AUTHORIZATION

*I authorize Huff Contracting to obtain my driving record from the Iowa Department of Transportation, which is required as the first step of processing my Pre-Employment Application.*

*If you have an out of state license, you must submit a certified copy of your driving record in order to be considered for any position.*

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

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Present Employer and Position: \_\_\_\_\_

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No If no, what hours can you work? \_\_\_\_\_

Are you available to work Monday-Friday 1<sup>st</sup> shift? ☐ Yes ☐ No

Are you available to work overtime including Saturdays? ☐ Yes ☐ No

Will you work out of town when required to stay overnight? ☐ Yes ☐ No

Have you ever worked for Huff Contracting? ☐ Yes ☐ No

If yes, explain the reason for leaving: \_\_\_\_\_

Have you ever applied for work with this company before? ☐ Yes ☐ No

If yes, please provide the year applied: \_\_\_\_\_

Are you acquainted with anyone who is employed here? ☐ Yes ☐ No

If yes, explain who and how you know them: \_\_\_\_\_

## EDUCATION

	School / Location	Years of Attendance	Did You Graduate?	Subjects Studied
GED				
High School				
College				
Trade or Business				

Are you currently attending school? ☐ Yes ☐ No If yes, please list school / classes / schedule

## ADDITIONAL SKILLS | MILITARY SERVICE

Subjects of special study or research work: \_\_\_\_\_

Military or Naval Service: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

Other Special Training or Skills including Quality Training: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Employed From (Month / Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Pay: Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_

State Job Title & Describe Your Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Employed From (Month / Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Pay: Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_

State Job Title & Describe Your Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Employed From (Month / Year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Pay: Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_

State Job Title & Describe Your Work: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## WORK EXPERIENCE

\_\_\_\_\_

Number of years in construction: \_\_\_\_\_ Years

Complete the positions that closest describe your experience:

JOB		YEARS	COMMENTS
Supervisor / Foreman			
Concrete Laborer			
Concrete Finisher			
Equipment operator			
Truck operator (CDL)			
Carpenter General			
Carpenter Finish			
Carpenter hardware			
Steel erector			
Steel panels			
Welder			
Drywall hanger			
Drywall Finisher			
Laborer general			
Laborer Skilled			
Masonry			

Most experienced with: ☐ Commercial ☐ Residential

If you are hired primarily for your trade, are you willing to work in other trades? ☐ Yes ☐ No

## WORK EXPERIENCE

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Mark all that apply to your work experience:

- ☐ Concrete Form Work for Footings, Foundations and Slabs-On-Grade
- ☐ Concrete Finishing (Machine & Hand Trowel)
- ☐ Structural Steel Erection & Welding
- ☐ Reinforcing Bar Erection

### Carpenter Framing

- ☐ Wood & Metal Studs
- ☐ Soffits & Bulkheads
- ☐ Hollow Metal Frames
- ☐ Roof Framing & Blocking
- ☐ Roof Truss Framing

### Carpenter Trim Work

- ☐ Hard Wood Trim & Casing
- ☐ Hang Wood & Metal Doors
- ☐ Setting of Cabinets & Counters
- ☐ Finish Hardware Installations

### Blueprint Reading & Layout

- ☐ Computer
- ☐ Shop Drawings

Additional skills not listed above: \_\_\_\_\_

## EQUIPMENT EXPERIENCE

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Equipment	Yes/No	Type/Model:
Wheel Loader	_____	_____
Skid Loader	_____	_____
Dozer/Crawler	_____	_____
A/T Forklift	_____	_____
Excavator	_____	_____
A/T Scissor Lift	_____	_____
Boom Lift	_____	_____
Truck 10 Ton	_____	_____
Concrete Saws	_____	_____
Backhoe	_____	_____

Any additional equipment not listed above: \_\_\_\_\_

## REFERENCES

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Please give the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1.	_____			
2.	_____			
3.	_____			

## EMERGENCY CONTACTS

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CERTIFICATION

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Please read carefully before signing this document.

*I certify that all the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.*

*I authorize Huff Contracting to investigate information concerning my education, employment experiences and all other aspects of my background relevant to proposed employment.*

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

Note: This application must be signed and dated for consideration. Application stays on file for no less than 60 days.

## TO ALL APPLICANTS

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Huff Contracting Inc. offers opportunity for employment, advancement, and continuation of employment to all qualified individuals, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As a government contractor, we comply with government regulations and affirmative action requirements. This data is for analysis and possible affirmative action only and is solely to help us comply with government record, keeping, reporting, and other legal requirements.

This data will be kept in a confidential file separate from you Application for Employment.  
YOUR COOPERATION IS VOLUNTARY.

This information will be used only by the Personnel Department of Huff Contracting Inc.

(PLEASE PRINT)

Name: \_\_\_\_\_  
First Middle Initial Last

Present Address: \_\_\_\_\_  
Street City: State: Zip:

Position (s) Applied for: \_\_\_\_\_

How did you learn about this job?

- |   |   |
|---|---|
| <input type="checkbox"/> Huff Contracting Employee or Retiree | <input type="checkbox"/> Television or Radio                |
| <input type="checkbox"/> Friend                               | <input type="checkbox"/> On-Line Website (Name _____)       |
| <input type="checkbox"/> Newspaper (Name _____)               | <input type="checkbox"/> School                             |
| <input type="checkbox"/> Iowa Work Force Development          | <input type="checkbox"/> Walk In                            |
| <input type="checkbox"/> Job Fair                             | <input type="checkbox"/> Community Posting (Location _____) |

What gender do you consider yourself? ☐ Male ☐ Female ☐ Other

Of which Racial/Ethnic Group do you consider yourself a member?

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian** (Including Alaskan Native) | <input type="checkbox"/> Hispanic                     |
| <input type="checkbox"/> African American                             | <input type="checkbox"/> Caucasian                    |
| <input type="checkbox"/> Asian (Including Pacific Islanders)          | <input type="checkbox"/> Other - Please Specify _____ |

Check if any of the following are applicable: (Answer is strictly voluntary)

- ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Other Disabled Individual

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



## NOTICE TO APPLICANT – BACKGROUND CHECK

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HUFF CONTRACTING, INC.  
1310 Grandview Ave. Waterloo, IA 50703  
Phone: (319) 233-9000

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I, the undersigned, understand that the State of Iowa will conduct a background check in conjunction with this application and that the State has the right to reject me as a worker on this project without explanation.*

*I authorize Huff Contracting Inc. to submit my name to the State for approval and understand that my employment with Huff Contracting Inc., is conditioned upon receiving and maintaining State approval.*

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

## SAFETY QUESTIONNAIRE

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You may refuse to answer questions that you consider offensive or discriminatory. However, if you fail to answer too many questions, your application may be denied.

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Are you comfortable working at heights from 6' – 40' while in an aerial lift, climbing a ladder, etc? ☐ Yes ☐ No

List any safety training topics you have had previously:

\_\_\_\_\_

List any safety certifications you currently have – example: Forklift, CPR/First Aid, etc. :

\_\_\_\_\_

In your opinion: Which statement is more accurate? (Select one answer)

☐ It is only a matter of time before I get injured at work. ☐ I expect to work a long time without getting injured.

Additional comments: \_\_\_\_\_

All statements given on this questionnaire are true and correct to the best of my knowledge and belief.

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

*This section to be completed by Huff Contracting, Inc.*

## INTERVIEW NOTES

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Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hire: ☐ Yes ☐ No

Position: \_\_\_\_\_

Date to report to work: \_\_\_\_\_

Salary/Hourly: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_