



**Minger Construction Co., Inc.**  
**EMPLOYMENT APPLICATION**

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

The application process includes completion of this application and possibly an interview. Please inform Human Resources at 952-3689200 if you need a reasonable accommodation either to complete the application or to engage in the interview process.

**Personal Information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Home Phone: (____) _____ - _____	Are you legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone: (____) _____ - _____	
Other: (____) _____ - _____	How were you referred to us? _____
Email: _____	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Title of Position Applying For</b>	<b>Date Available to Work</b>

Have you been previously interviewed or employed by Minger Construction?  Yes  No If Yes, list date(s) and job title(s):

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

Driver's license state and number (if the position for which you are applying requires you to drive a vehicle):

**Education**

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			

Technical or Certificate Programs				
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**Employment History** Please provide the following information for last three employers, beginning with the current or most recent: (Attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Last Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

May we contact the above employer for a reference?  Yes  No

Name and title of last supervisor: \_\_\_\_\_

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

May we contact the above employer for a reference?  Yes  No

Name and title of last supervisor: \_\_\_\_\_

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

May we contact the above employer for a reference?  Yes  No

Name and title of last supervisor: \_\_\_\_\_

Describe your qualifications for the employment you are seeking: (Include skills, special training, etc.)

**References**

Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

Minger Construction does not discriminate in employment matters on the basis of race, creed, religion, color, age, marital status, national origin, sex, marital status, familial status, sexual orientation, status with regard to public assistance, membership on a local human rights commission, disability, or any other protected class status.

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By my signature below, I certify that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I authorize investigation of all statements contained herein, and I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have.

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Signature of Applicant

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Date



**Minger Construction Co., Inc.**

**Self-Identification Form**

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

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

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

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

\*\*\* Important - Please Read \*\*\*

Minger Construction Companies, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants/employees to voluntarily self-identify their race and ethnicity. Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

This document will not be retained with your employment record or used in the employment selection process.

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Race/Ethnicity — Select one or more

\_\_\_\_\_ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_ Black or African American - A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam Samoa, or other Pacific Islands.

\_\_\_\_\_ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Affirmative Action, Equal Opportunity Employer**

\_\_\_\_\_ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ Two or More Races - All persons who identify with more than one of the above five races.

\_\_\_\_\_ I do not wish to answer

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Gender Select one

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ Non-Binary

\_\_\_\_\_ I do not wish to answer

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Veteran Select one

Are you a Protected Veteran?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ I do not wish to answer

You are a "protected veteran" if you belong to one of the categories of veterans described below:

- Disabled Veteran: A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs or was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran: A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.
- Recently Separated Veteran: A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
- Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

\*If you have a disability and need accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 4/30/26

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

## Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

## How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

## Please check one of the boxes below:

- \_\_\_\_\_ Yes, I have a disability, or have had one in the past
- \_\_\_\_\_ No, I do not have a disability and have not had one in the past
- \_\_\_\_\_ I do not wish to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.