



APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name Middle Initial Last name

Current Address:

Street & Apt # City State Zip Code

Telephone: _____ Date of Birth: _____

Social Security: _____ Driver's License: _____ State: _____

I am a U.S Citizen or otherwise authorized to work in the United States on an unrestricted basis:

☐ YES

☐ NO

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No



Have you ever served in the U.S Military? ☐ Yes ☐ No

If yes, please provide the following information:

Branch of Service:

Rank at time of separation:

I served from _____ to _____

Special Honors:

EXPERIENCE AND QUALIFICATIONS- DRIVERS

Drivers Licenses No. STATE TYPE EXPIRATION DATE

DRIVING EXPERINECE

Class of Equipment	Type of Equipment Van, Tank, Flat, Etc.	Dates From To	Approx. # of Miles



ACCIDENT RECORDS FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

☐

YES

☐

NO

B. HAVE ANY LICENSES, PERMIT OR PRIVELEGE EVER BEEN SUSPENDED OR REVOKED?

☐

YES

☐

NO

(IF THE ANSWER TO EITHER A OR BE IS YES, ATTACH STATEMENT GIVING DETAILS)

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown?



EMPLOYMENT HISTORY

Present or most recent employer

Employer:

Address:

Your Position:

Duties:

Dates of Employment:

to

Supervisor:

Title:

May we contact? Yes ☐ No ☐

Reason for Leaving:

Prior Employer

Employer:

Address:

Your Position:

Duties:

Dates of Employment:

to

Supervisor:

Title:

May we contact? Yes ☐ No ☐

Reason for Leaving:

Prior Employer

Employer:

Address:

Your Position:

Duties:

Dates of Employment:

to

Supervisor:

Title:

May we contact? Yes ☐ No ☐

Reason for Leaving:



EDUCATION

High School Attended:

Did you graduate? ☐ Yes ☐ No Attended from _____ to _____

If you did not graduate, did you receive your GED? ☐ Yes ☐ No

Special honors or awards:

Technical or Vocational School Attended:

Did you graduate? ☐ Yes ☐ No Attended from _____ to _____

Special honors or awards:

College or University Attended:

Did you graduate? ☐ Yes ☐ No Attended from _____ to _____

Special honors or awards:

College or University Attended:

Did you graduate? ☐ Yes ☐ No Attended from _____ to _____

Special honors or awards:



POSITION INFORMATION

Position applying for: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? ☐ Yes ☐ No

Are you willing to travel for the job? ☐ Yes ☐ No

When would you be able to start?

Desired Salary

SKILLS

Please describe any skills you have in the following areas:

Experience with construction/excavation equipment:

Languages Spoken (Other than English)

Any Medical Conditions that would make it difficult for you to work outdoors in all weather:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior education and employment history.

Furthermore, I understand that if I am hired, employment with this company is "at will", which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature:

Date: