

## COMPANY NAME:

Employment Application

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date Available \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_  
Position Applied for \_\_\_\_\_  
Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐  
Have you ever worked for this company? YES ☐ NO ☐ If so, when? \_\_\_\_\_  
Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree \_\_\_\_\_  
College \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree \_\_\_\_\_  
Other \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree \_\_\_\_\_

### REFERENCES

*Please list three professional references.*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

## MILITARY SERVICE

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: \_\_\_\_\_  
Last First MI

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

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

Primary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:*

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

## **Background Check: Authorization and Release of DMV Records**

**I understand that driving a Company vehicle, (or my own vehicle, as required) may be a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow Gross Excavating In, / DLE, LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Gross Excavating Inc., / DLE, LLC vehicle ( of my own vehicle, if I am required to drive) after I am hired.**

**I understand that Gross Excavating Inc. / DLE, LLC will use their information for employment purposes only and not furnish this information to a third party without my written consent.**

**I agree to release Gross Excavating Inc. / DLE, LLC, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.**

---

**Print Name**

---

**Date of Birth**

---

**Driver's License Number**

---

**State of License**

---

**Signature**

---

**Date**

## DRIVING INFORMATION

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

YES { } NO { }

2. Have you ever had any license, permit, or driving privilege suspended or revoked?

YES { } NO { }

3. Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations?

YES { } NO { }

\*\*\*If you have answered YES to Questions 1 and/or 2, please give a written statement below giving details of the violations.

4. Have you been convicted of a traffic violation (other than a parking ticket) in the last three (3) years? (including violations received in personal vehicles)

YES { } NO { }

List all convictions of traffic violations (other than parking tickets) and/or suspensions/forfeitures/revocation of driver's license for the last three (3) years. Include violation/suspensions/revocations/forfeitures received in personal vehicle.

Location	Date of Conviction	Violation	Penalty	Points Assessed
----------	--------------------	-----------	---------	-----------------

## BACKGROUND AND SECURITY

Are you known by, or have you ever used any different names or social security number other than those already provided on this application?    YES { } NO { }

If YES please list: \_\_\_\_\_

Have you ever been arrested, convicted, charged or served time for a felony or a misdemeanor?

YES { } NO { }

If YES, please describe below (In accordance with company policy, this information will be reviewed for job relatedness and time since conviction).

Date	City/State	Charge	Incident
------	------------	--------	----------

\*\*\* I understand illegal use of alcohol and/or controlled substances is prohibited during employment. If company policy requires, I am willing to submit to alcohol and/or controlled substance testing to detect the use/abuse of such prior to and during employment with Gross Excavating Inc. / DLE, LLC.

Print Name	Signature	Date
------------	-----------	------

\*\*\*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Print Name	Signature	Date
------------	-----------	------