

**APPLICATION for EMPLOYMENT**

**Turney Excavating Inc.**  
PO BOX 21597 Keizer OR 97307  
(503) 307-7522

*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company.*

**Please Print:**

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZipCode

Telephone# (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_yes \_\_\_no  
If **no**, please explain \_\_\_\_\_

Have you ever been employed here before? \_\_\_yes \_\_\_no If **yes**, give dates and supervisors \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_yes \_\_\_no

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired: \_\_\_Full-Time \_\_\_Part-Time \_\_\_Temporary \_\_\_Seasonal

Driver's license number if driving may be required in position for which you are  
applying \_\_\_\_\_ State \_\_\_\_\_

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_yes \_\_\_no  
If **yes**, please provide date(s) and  
details \_\_\_\_\_

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

**EMPLOYMENT HISTORY** Starting with your most recent employer, provide the following information:

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dates employed: Mo. \_\_\_\_\_ Yr. \_\_\_ to Mo. \_\_\_\_\_ Yr. \_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ (hourly or salary?)  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_  
Final Wage: \_\_\_\_\_ (hourly or salary?)  
Immediate supervisor and title \_\_\_\_\_  
May we contact for reference? \_\_\_yes \_\_\_no \_\_\_later  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dates employed: Mo. \_\_\_\_\_ Yr. \_\_\_ to Mo. \_\_\_\_\_ Yr. \_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ (hourly or salary?)  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_  
Final Wage: \_\_\_\_\_ (hourly or salary?)  
Immediate supervisor and title \_\_\_\_\_  
May we contact for reference? \_\_\_yes \_\_\_no \_\_\_later  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dates employed: Mo. \_\_\_\_\_ Yr. \_\_\_ to Mo. \_\_\_\_\_ Yr. \_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ (hourly or salary?)  
Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_  
Final Wage: \_\_\_\_\_ (hourly or salary?)  
Immediate supervisor and title \_\_\_\_\_  
May we contact for reference? \_\_\_yes \_\_\_no \_\_\_later  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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Computer Skills *(Check where appropriate. Include software titles and years of experience.)*

___ Word Processing _____	Years: _____
___ E-Mail _____	Years: _____
___ Spreadsheet _____	Years: _____
___ Internet _____	Years: _____
___ Presentation _____	Years: _____
___ Other _____	Years: _____

**EDUCATIONAL BACKGROUND**

*Starting with your most recent school attended, provide the following information:*

School (include City/State)	Years Completed	Completed	GPA/Class Rank	Major/Minor
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Degree _____ ___ Certification _____ ___ Other _____		

**REFERENCES**

*List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are **not** related to you.*

Name	Title	Relationship	Telephone	Number of Years Known

I, \_\_\_\_\_, hereby give my permission to release information concerning myself to Turney Excavating, Inc. and release the reference giver from all liability associated with this information.

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

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment,

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DRUG AND/OR ALCOHOL TESTING CONSENT FORM**

I, \_\_\_\_\_ hereby agree, upon a request made under the drug/alcohol testing policy of **Turney Excavating, Inc.** to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY AT RANDOM, WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

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Signature of Employee	Printed Name	Date
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Company Representative	Printed Name	Date
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