

# APPLICATION FOR EMPLOYMENT

## MECHANIC/SERVICING/SHOP

### PERSONAL INFORMATION

DATE \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Class: A B C Restrictions? YES NO If yes, please explain \_\_\_\_\_  
(CIRCLE ALL THAT APPLY)

Do you have a Safety, Injury & Illness Prevention Program employee training record we can transfer from your former employer? YES NO If yes, Employers Name & Phone No. \_\_\_\_\_

Do you have a CPR or First Aid Cert.? YES NO May we have a copy for your Safety folder? \_\_\_\_\_

Do you object to being Drug Tested? YES NO

### EMPLOYMENT DESIRED

Position (Circle one): Mechanic Equipment Servicing Shop Welder Date you can start: \_\_\_\_\_

Special Training/Certifications/Endorsements: \_\_\_\_\_

List Heavy Equipment You Can Proficiently Repair, include number of years (May list on back) \_\_\_\_\_

**EMPLOYMENT HISTORY** (Most Recent First) Salary Desired: \_\_\_\_\_

Month/Year	Name, Address and Phone Number	Supervisor	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we contact previous employers? Yes No

Referred by: \_\_\_\_\_

**Thank you for applying at Jim Crawford Construction Co., Inc. We appreciate your interest.**