

APPLICATION FOR EMPLOYMENT

SHOP FOREMAN

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

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
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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.