

JIM CRAWFORD CONSTRUCTION COMPANY AT-WILL EMPLOYMENT

APPLICATION FOR MECHANIC/SERVICING/SHOP

Personal Information: **Date** _____

Name: _____

Present Address: _____
Last First Middle
Street City State Zip

Phone Number: _____ **Referred by:** _____

Drivers License # _____ **Class:** A B C (CIRCLE ALL THAT APPLY)

Restrictions? YES NO **If yes, please explain** _____

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: _____

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

Salary desired: _____

Previous Employers:

Name and Phone Number **Position** **Years** **Reason for leaving**

1. _____

2. _____

3. _____



JIM CRAWFORD CONSTRUCTION COMPANY INC.

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