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### Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

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| Date of Application: |

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| A. Applicant Information | | | | | | | | | | | | | | |
| Last Name |  | | | | | First |  | | | Middle | |  | | |
| Street Address |  | | | | | | | | | Apt. |  | | | |
| City |  | | | | | State |  | | | Zip |  | | | |
| Home Phone |  | | | | | E-mail Address | |  | | | | | | |
| Work Phone |  | | | | | Date Available to Start | | |  | | | | | |
| Mobile Phone |  | | | | | Salary Requirement/  Desired Compensation | | |  | | | | | |
| How were you referred to First Rate Excavate | | | |  | | | | | | | | | | |
| Position(s) applying for: | |  | | | | | | | | | | | | |
| Are you over 18 years of age, or can you provide required proof of your eligibility to work if you are under 18 years of age? | | | YES | | NO | | Do you have a valid driver’s license and or CDL. If CDL please list class and endorsements.      ­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | YES | NO |
| Have you ever applied for employment with First Rate Excavate before? If yes, provide date: | | | YES | | NO | | Are you prevented from lawfully being employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status would be required upon employment. | | | | | | YES | NO |
| Are you able to travel if it is a requirement of the position? | | | YES | | NO | | Are you able to work overtime if required? | | | | | | YES | NO |

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| B. Education | | | | | | |
| High School |  | | Address |  | | |
| Degree/Field of Study | |  | Did you graduate? | | YES | NO |
| College |  | | Address |  | | |
| Degree/Field of Study | |  | Did you graduate? | | YES | NO |
| Other |  | | Address |  | | |
| Degree/Field of Study | |  | Did you graduate? | | YES | NO |

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| **Computer Skills:** | | | | | | | | | | | | | | | |
| Word Excel Access Powerpoint Outlook Other: | | | | | | | | | | | | | | | |
| **Professional, Trade, Business Or Civic Activities And Offices Held:** | | | | | | | | | | | | | | | |
| You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. | | | | | | | | | | | | | | | |
| **Military Service**: | | | |  | | | | | | | | | | | |
| Branch |  | | | | | | | | From |  | | | | To |  |
| Rank at Discharge | |  | | | | | | | Type of Discharge | | | |  | | |
| If other than honorable, explain | | | | | |  | | | | | | | | | |
| C. Employment History | | | | | | | | | | | | | | | |
| Begin with your current or last position held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. | | | | | | | | | | | | | | | |
| Employer |  | | | | | | Title | Address | | | | | | | |
| Phone (       ) |  | | | | | | Supervisor |  | | | | | | | |
| Start Date |  | | | | End Date | |  | Starting Salary $ |  | | | Ending Salary $ | |  | |
| Reason for Leaving | | |  | | | | | | | | | | | | |
| May we contact your current/previous supervisor for a reference? | | | | | | | | YES | NO | |  | | | | |
| Employer |  | | | | | | Title | Address | | | | | | | |
| Phone (       ) |  | | | | | | Supervisor |  | | | | | | | |
| Start Date |  | | | | End Date | |  | Starting Salary $ |  | | | Ending Salary $ | |  | |
| Reason for Leaving | | |  | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO | |  | | | | |
| Employer |  | | | | | | Title | Address | | | | | | | |
| Phone (       ) |  | | | | | | Supervisor |  | | | | | | | |
| Start Date |  | | | | End Date | |  | Starting Salary $ |  | | | Ending Salary $ | |  | |
| Reason for Leaving | | |  | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO | |  | | | | |
| Employer |  | | | | | | Title | Address | | | | | | | |
| Phone (       ) |  | | | | | | Supervisor |  | | | | | | | |
| Start Date |  | | | | End Date | |  | Starting Salary $ |  | | | Ending Salary $ | |  | |
| Reason for Leaving | | |  | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO | |  | | | | |

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| Have you ever been disciplined for performance or behavior with a previous employer? YES NO  If yes, please explain: |
| Have you ever been dismissed from a position or resigned a position at the request of your employer? YES NO  If yes, please explain: |

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| D. References | | | | | | | |
| Please list three professional references | | | | | | | |
| Full Name/Title | |  | Relationship | |  | | |
| Company | |  | Phone | (     ) | | | |
| Address | |  | Email | |  | | |
| Full Name/Title | |  | Relationship | |  | | |
| Company | |  | Phone | (     ) | | | |
| Address | |  | Email | |  | | |
| Full Name/Title | |  | Relationship | |  | | |
| Company | |  | Phone | (     ) | | | |
| Address | |  | Email | |  | | |
| E. Applicant’s Statement | | | | | | | |
| I certify that answers and statements given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.  I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  I understand that false or misleading information given in my application or interview(s) may result in denial of employment or, if employed, in termination of my employment. | | | | | | | |
| Signature |  | | | | | Date |  |