



Leavenworth Excavating & Equipment Co., Inc.  
5037 S. 4<sup>th</sup> Street  
Leavenworth, KS 66048

## Employment Application

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions correctly and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant for employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on the company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Date of Application: \_\_\_\_\_

### Applicant Information

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

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

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Applicant Education

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_ If yes, what year: \_\_\_\_\_

University/Technical School: \_\_\_\_\_ Graduated: \_\_\_\_\_ If yes, what year: \_\_\_\_\_

### Employment Position

Position Applicant is applying for: \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_ Current Union Affiliation: \_\_\_\_\_

### Personal Information

Have you applied to or worked for Leavenworth Excavating & Equipment Co., Inc. prior? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do you have any relatives, friends, or acquaintances working for Leavenworth Excavating & Equipment Co., Inc.?

If so, employee and relationship: \_\_\_\_\_

Are you 18 years or older?

Are you a U.S. Citizen or approved to work in the U.S.?

What documentation can you provide as proof of citizenship or legal status? \_\_\_\_\_

Do you have any condition which would require job accommodations?

If yes, please describe accommodations required: \_\_\_\_\_



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### Employment History

Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_



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### Security

Have you ever been convicted of, or served time for felony in the past seven years? If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

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### Job-Related Skills

What current language(s) are you fluent in? \_\_\_\_\_

Do you currently have a valid drivers license? Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you currently possess any moving violations? Explain: \_\_\_\_\_

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Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

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### References

Please provide three personal and professional reference(s) below:

<u>Reference</u>	<u>Contact Information</u>

### Applicant Signature

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limiting to, criminal history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from and liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_