

# APPLICATION FOR EMPLOYMENT

## Left Hand Excavating 2.0 LLC

3756 Eureka Way, Frederick, CO 80516

In compliance with Federal and State equal employment, opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical conditions or handicap.

**PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED ON THIS OR THE FOLLOWING PAGES**

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**PERSONAL INFORMATION**

TODAY'S DATE:

REFERRED BY:

NAME:

MAILING ADDRESS:

*Street**City**State**Zip Code*

PHYSICAL ADDRESS:

*Street**City**State**Zip Code*OTHER ADDRESSES USED  
FOR THE PAST THREE YEARS:

PHONE NO(s):

| EDUCATION                                      | Name and Location of School | No. of Years Attended | Subjects Studied |
|--|-----------------------------|-----------------------|------------------|
| HIGH SCHOOL                                    |                             |                       |                  |
|  |                             |                       |                  |
| COLLEGE  |                             |                       |                  |
|  |                             |                       |                  |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL |                             |                       |                  |
|  |                             |                       |                  |
|  |                             |                       |                  |

# Left Hand Excavating 2.0 LLC

## Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_ Are you legally eligible to work in the United States? \_\_\_\_\_

Have you applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

Can you perform the duties of the job you are applying for? \_\_\_\_\_

Are there specific times you cannot work? \_\_\_\_\_

Do you have a current CPR/First Aid card? \_\_\_\_\_ Date of Issue: \_\_\_\_\_

**PERSONAL REFERENCES:** (List three people, not related to you whom you have known at least one year):

|              |                |                                  |  |
|--------------|----------------|----------------------------------|--|
| Name: _____  | Address: _____ | Business Years Acquainted: _____ |  |
| Phone: _____ |                |                                  |  |
| Name: _____  | Address: _____ | Business Years Acquainted: _____ |  |
| Phone: _____ |                |                                  |  |
| Name: _____  | Address: _____ | Business Years Acquainted: _____ |  |
| Phone: _____ |                |                                  |  |

|                    | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| DRIVERS LICENSE(S) |       |             |      |                 |
|                    |       |             |      |                 |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes** **No**
- B. Has any license, permit or privilege ever been suspended or revoked? **Yes** **No**
- C. Have you had any traffic violations within the past 3 years? **Yes** **No**

**If the answer to A, B or C is yes, please attach a statement with details.**

*Please provide copies of your current license(s).*

# Left Hand Excavating 2.0 LLC

## Employment Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### EMPLOYMENT HISTORY - MUST BE COMPLETELY FILLED OUT

(List employers in reverse order starting with the most recent first).

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

# Left Hand Excavating 2.0 LLC

Employment Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

| EMPLOYER        | FROM<br>(date) | TO<br>(date)       | POSITION HELD | SALARY |
|-----------------|----------------|--------------------|---------------|--------|
| NAME            |                |                    |               |        |
| MAILING ADDRESS | SUPERVISOR     |                    | PHONE NO.     |        |
| CITY & STATE    | ZIP            | REASON FOR LEAVING |               |        |

| MACHINE EXPERIENCE<br>CLASS AND TYPE OF EQUIPMENT | DATES |    | APPROXIMATE # OF<br>MILES/HOURS | TYPE OF<br>CONSTRUCTION<br>PROJECT |
|---|-------|----|---------------------------------|------------------------------------|
|   | From  | To |                                 |                                    |
|   |       |    |                                 |                                    |
|   |       |    |                                 |                                    |
|   |       |    |                                 |                                    |
|   |       |    |                                 |                                    |

List any additional skills or training that are related to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Left Hand Excavating 2.0 LLC**  
**Employment Application**

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that I personally completed this application and that all entries on it and information in it are true, complete and correct to the best of my knowledge.

I authorize Left Hand Excavating 2.0 LLC to make any investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release past and present employers, schools or persons from all liability in responding to inquiries in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action, up to and including discharge, regardless of how much time has elapsed since the date I was employed. I agree to comply with all policies, procedures, rules and regulations of Left Hand Excavating 2.0 LLC, as permitted by Law.

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Applicant's Signature

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Date

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Applicant Print Name