

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

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	Mo./Yr. Graduated	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE 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? _____

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: _____			

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

- 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 (date)	TO (date)	POSITION HELD	SALARY
NAME				
MAILING ADDRESS	SUPERVISOR		PHONE NO.	
CITY & STATE	ZIP	REASON FOR LEAVING		

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

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

MACHINE EXPERIENCE CLASS AND TYPE OF EQUIPMENT	DATES		APPROXIMATE # OF MILES/HOURS	TYPE OF CONSTRUCTION PROJECT
	From	To		

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

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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.

Applicant's Signature

Date

Applicant Print Name