



# ALEXANDER EXCAVATION INC.

## Operator/Laborer Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date You Can Start Work	Days Available:	<input type="checkbox"/> Sunday
		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Will Accept:
<input type="checkbox"/> Part-Time
<input type="checkbox"/> Full-Time
<input type="checkbox"/> Temporary
<input type="checkbox"/> Regular

<b>Driver License Information</b>			
Do you have a valid driver license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License Class _____	Issuing State _____
Endorsements (check all that apply):	<input type="checkbox"/> Tanker Vehicles	<input type="checkbox"/> Double & Triple Trailers	<input type="checkbox"/> Hazardous Materials
	<input type="checkbox"/> School Bus	<input type="checkbox"/> Passenger Bus	

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_



**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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