



## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

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

Full Name: \_\_\_\_\_  
                     Last Name                                      First                                      Middle

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ If referred by employee who? \_\_\_\_\_

Position Applied For: \_\_\_\_\_ How did you hear about the position? \_\_\_\_\_

	YES	NO		YES	NO
Are you currently employed?			Do you have transportation?		
If no, how long since leaving last job?			Do you have a valid driver's license?		
Can you work overtime?			Are you authorized to work in US?		
Have you ever worked for this company?			Are you over the age of 18?		
If yes, when?					

### Education

Indicate highest grade completed:      High School: **1 2 3 4**                      College: **1 2 3 4**

Last School Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Did you graduate?     Yes     No

### References

*Please list three professional references*

Full Name	Relationship	Company	Phone Number

## Employment History

May we contact your previous employer?  Yes  No

Employer	Dates From: _____ To: _____	Position/Title
Address		Duties Performed
Phone		
Supervisor	Reason for Leaving	

May we contact your previous employer?  Yes  No

Employer	Dates From: _____ To: _____	Position/Title
Address		Duties Performed
Phone		
Supervisor	Reason for Leaving	

May we contact your previous employer?  Yes  No

Employer	Dates From: _____ To: _____	Position/Title
Address		Duties Performed
Phone		
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## Military Service

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

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

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

## Experience & Qualification

Job Classification	Years of Experience	Equipment	Years of Experience	Equipment	Years of Experience
Laborer (Paving)		Paver		Dump Truck	
Foreman		Excavator		Backhoe	
Landscaping		Roller			
Mason		Grader			
Form Work		Dozer			
Drainage		Loader			

List courses, training, licenses, and certifications in highway, construction, landscaping, etc. (hoisters license, OSHA 10, etc.)

List courses and training for office work:

List any trucking, transportation, or other experience that may help you in employment with our company (class A or B CDL, etc)

### Disclaimer and Signature

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and references listed above from any and all claims, demands or liabilities arising out of a related to such investigation nondisclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment the Company may require a medical exam and/or drug screen, I agree to submit to the same before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. THE COMPANY DOES NOT DISCRIMINATE IN EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW REGARDING RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, INDIVIDUALS WITH DISABILITIES, SEXUAL ORIENTATION, OR HEALTH INSURANCE STATUS. NO QUESTION ON THE APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

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