



Applicant Name _____ Date _____

Current Address _____ City, State, Zip _____

Phone Number _____ Email _____

Are you at least 18 years old? _____ How did you hear about us? _____

Can you provide proof of age? ☐ YES or NO ☐

Previous Addresses (provide 3 years):

Street _____ City, State, Zip _____

Street _____ City, State, Zip _____

Street _____ City, State, Zip _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

To be read and signed by applicant

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that XLINE GROUP, INC. has a Drug, Alcohol, and Substance Use/Abuse policy and that any offered employment is conditional upon successfully passing a drug screening test.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Lastly, by typing my full name, I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____
Please Type Full Name



Application to Complete

(answer all questions-please print)

Position Applying for: _____

(Optional) Please check-mark the following. Are you: ☐ African American, ☐ Hispanic American, ☐ American Indian,
☐ Asian American, ☐ White, ☐ Native American/Alaskan Native, ☐ Pacific Islander, ☐ Two or More Races, ☐ Other

Do you have the legal right to work in the United States? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Date available for work _____

Who referred you? _____ Rate of Pay Expected _____

Have you ever been convicted of a Felony? _____ *If yes, please explain fully on a separate sheet of paper.

*Conviction of a crime is not an automatic bar to employment - All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you applied? _____

If yes, please explain:

Driver's License Information: List all licenses held within the previous 3 years.

License Number _____ Class _____ State _____ Exp. Date _____

License Number _____ Class _____ State _____ Exp. Date _____

Accident Record for the past 3 years or more (Attach sheet if more space is needed)

Date _____ Nature of Accident _____ Fatalities? _____

Date _____ Nature of Accident _____ Fatalities? _____

Date _____ Nature of Accident _____ Fatalities? _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency? _____

If yes, give state of issuance and explanation of the circumstances.



Employment History (Use back of application if more space is required)

Please give accurate full time and part time employment records. Start with your current or most recent employer

1	Company:	Phone No: ()
	Address:	Worked From: To:
	Name of Supervisor:	Start Pay: End Pay:
	Title & Duties:	Reason for leaving:
2	Company:	Phone No: ()
	Address:	Worked From: To:
	Name of Supervisor:	Start Pay: End Pay:
	Title & Duties:	Reason for leaving:
3	Company:	Phone No: ()
	Address:	Worked From: To:
	Name of Supervisor:	Start Pay: End Pay:
	Title & Duties:	Reason for leaving:
4	Company:	Phone No: ()
	Address:	Worked From: To:
	Name of Supervisor:	Start Pay: End Pay:
	Title & Duties:	Reason for leaving:

Business or Personal References

Name/Title	Company	Phone Number



Experience and Qualifications

List equipment that you can operate and years experience of each (trackhoe, backhoe, dozer, loader, forklift, etc.)

Courses or Training Completed (OSHA, CPR, MSHA, etc.)

Military Status

Have you served in the US Armed Forces?

☐ Yes ☐ No Branch _____

Education

Circle Highest Grade Completed:

High School:

College:

Last School Attended _____

FOR PERSONNEL DEPARTMENT USE ONLY		
Interview? <input type="radio"/> Yes or <input type="radio"/> No	Interviewer:	Date:
Hired? <input type="radio"/> Yes or <input type="radio"/> No	Salary \$ _____ per hour	Date:
Department:	Title:	Supervisor:
Remarks:		

