

# APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, religion, handicap or national origin.

## PERSONAL INFORMATION

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

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

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_  
Home Cell Phone

Are you 18 years of age or older?

Yes  No

Are you either a U. S. citizen or an alien authorized to work in the U.S.?

Yes  No

## POSITION DESIRED

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work:  Any  Limited: Please specify \_\_\_\_\_

Days of week you are available to work:  Any  Limited: Please specify \_\_\_\_\_

Are you able to work:  Weekends  
 Holidays  
 Nights  
 Overtime

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## EDUCATION

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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## SKILLS

Heavy Equipment Operator?  Yes  No

If yes, type of Equipment \_\_\_\_\_

Do you have a Class A CDL?  Yes  No

Typing speed (WPM): \_\_\_\_\_ Are you experienced in using personal computers?  Yes  No

What software programs are you proficient in? \_\_\_\_\_

Describe any special circumstances you feel should be considered in job placement: \_\_\_\_\_

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## WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
Phone Number:		Fax Number:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
Phone Number:		Fax Number:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
Phone Number:	Fax Number:		Phone Number:
From:	To:	Position Held:	
Supervisor's Name & Title:			
Description of Duties:			

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## REFERENCES

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

## AUTHORIZATION

*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 all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.*

***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 I agree to submit to a medical examination and drug test 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 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 procedure. In whole or in part, at anytime.*

*If you are to be hired by the Company, you will be required to attest to your identity and employment eligibility, and present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.*

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

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