

**APPLICATION FOR EMPLOYMENT**

*We are An Equal Opportunity Employer*

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

We are pleased that you are interested in employment with us. We offer equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability, union affiliation or veteran status. Please answer all questions in this application fully. All statements made by you may be checked for accuracy. Only complete applications will be considered. However, acceptance of an application does not imply a commitment of employment or availability of positions.

NAME (*Last, first, middle initial*): \_\_\_\_\_

ADDRESS (*street; apt number if applicable*): \_\_\_\_\_

(*city, state, zip code*): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

In order to permit a check of your work and/or educational records, should we be made aware of any change of name that you previously used (YES OR NO)? \_\_\_\_\_ If yes, identify names and dates: \_\_\_\_\_

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

**EDUCATION:**

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

Number of Years Completed: \_\_\_\_\_

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

Number of Years Completed: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Describe any other specialized professional training, certifications, etc. : \_\_\_\_\_

ARE YOU UNDER THE AGE OF 18? \_\_\_\_\_ If yes, employment is subject to verification of minimum legal age certificate or work permit.

ARE YOU A UNITED STATES CITIZEN? \_\_\_\_\_ ARE YOU ABLE TO PROVIDE PROOF THAT YOU CAN LEGALLY BE EMPLOYED IN THE UNITED STATES? \_\_\_\_\_

IF YOU ARE NOT A UNITED STATES CITIZEN, WHAT TYPE OF VISA DO YOU HAVE?

\_\_\_\_\_ Permanent Resident \_\_\_\_\_ Work Authorization \_\_\_\_\_ Student

VISA NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY (yes or no)? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY (yes or no)? \_\_\_\_\_

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY THIS COMPANY (yes or no)? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES WORKING FOR THIS COMPANY (yes or no)? \_\_\_\_\_

If yes, Name and Relationship: \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED (yes or no)? \_\_\_\_\_ If yes, may we contact your present employer (yes or no)? \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A POSITION (yes or no)? \_\_\_\_\_

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

HAVE YOU EVER HELD A POSITION OF TRUST (handling money, securities, confidential information) (yes or no)? \_\_\_\_\_

HAVE YOU EVER BEEN BONDED (yes or no)? \_\_\_\_\_ HAVE YOU EVER BEEN REFUSED BOND (yes or no)? \_\_\_\_\_ If yes, give reason and date: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:**

STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CLASS/ENDORSEMENTS: \_\_\_\_\_

HAVE YOU EVER COMMITTED, PLEADED "NO CONTEST", NOLO OR GUILTY, OR BEEN CONVICTED OF ANY CRIME\*, INCLUDING BUT NOT LIMITED TO DUI, DWI (yes or no)? \_\_\_\_\_

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

If you are on probation, or parole, state the name of officer and telephone number: \_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO WORK (yes or no)? \_\_\_\_\_

WILL YOU WORK NON-STANDARD HOURS AND OVERTIME WHEN ASKED (yes or no)? \_\_\_\_\_

ARE THERE ANY HOURS, SHIFTS OR DAYS YOU WILL NOT WORK (yes or no)? \_\_\_\_\_

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

**WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY?**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**EMPLOYMENT HISTORY (start with present or most recent employer):**

1. NAME OF EMPLOYER: \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Last Date of Employment:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**2. NAME OF EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Last Date of Employment:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**3. NAME OF EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Last Date of Employment:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**4. NAME OF EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Last Date of Employment:** \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EQUIPMENT (indicate number of years' experience):**

DOZER: \_\_\_\_\_ D3    \_\_\_\_\_ D4    \_\_\_\_\_ D6    \_\_\_\_\_ D7    \_\_\_\_\_ D8    \_\_\_\_\_ D9    \_\_\_\_\_ D10

SCRAPER: \_\_\_\_\_    LOADER: \_\_\_\_\_ Rubber Tire    \_\_\_\_\_ Track    BACKHOE: \_\_\_\_\_    SHOVEL: \_\_\_\_\_

EXCAVATOR: \_\_\_\_\_    GRADER: \_\_\_\_\_ Rough    \_\_\_\_\_ Finish    COMPACTOR: \_\_\_\_\_

CRANE: \_\_\_\_\_ Latticeboom    \_\_\_\_\_ Hydraulic    \_\_\_\_\_    DUMP TRUCK: \_\_\_\_\_ Off Road    \_\_\_\_\_ On Road

DRILLER: \_\_\_\_\_ Airtrack    \_\_\_\_\_ DownHoe Hammer    \_\_\_\_\_ Hydraulic    \_\_\_\_\_ Rotary Drill

PAVER: \_\_\_\_\_    BROOM: \_\_\_\_\_    ROLLER: \_\_\_\_\_

**SKILLED IN (indicate number of years' experience):**

\_\_\_\_\_ CONCRETE FINISHER    \_\_\_\_\_ TRAFFIC CONTROL    \_\_\_\_\_ SAFETY    \_\_\_\_\_ PIPE LAYER

CARPENTER: \_\_\_\_\_ BRIDGE    \_\_\_\_\_ FORM

\_\_\_\_\_ WELDER    *Type of experience:* \_\_\_\_\_

\_\_\_\_\_ MECHANIC    *Type:* \_\_\_\_\_

**OTHER EXPERIENCE:** \_\_\_\_\_

**DESCRIBE SPECIFIC TRAINING AND/OR AREAS OF CERTIFICATIONS:**

\_\_\_\_\_

**NOTICE TO APPLICANTS:** This employer complies with the American With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**APPLICANT'S STATEMENT**

I certify that this application was completed by me and the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application or otherwise relevant to my employment and hereby give the Employer permission to contact schools, previous employers, references, state agencies, and others, and hereby release the Employer from any liability as a result of such contact. I also authorize the company to provide truthful information concerning my employment to future potential employers and hold it harmless for providing such information. If employed, I authorize the employer to obtain my personal consumer reports for use in connection with my employment. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while this company attempts to provide steady, continuous work, the company has no employment contracts and cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc.

If employed, I agree to conform to the rules and regulations of this company, and I understand that as a condition of my employment and continued employment, I will be required to submit to any testing for the presence of drugs or alcohol. I also agree that, just as I have, if hired, the right to terminate

my employment at any time, with or without cause, and with or without notice, this company may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of this company, other than the President of this company, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that even an agreement by the President must be in writing and signed by him/her for it to be binding on either myself or this company. I further understand that this supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

This application will remain active for sixty (60) calendar days from the date completed. If you have not obtained employment within 60 days, but remain interested in obtaining employment with this company, you must either reapply or notify us in writing of your desire to be considered for an additional 60 days.

I HEREBY DECLARE ALL THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT. I FURTHER DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS OF MY OWN FREE WILL AND IN ACCORDANCE WITH MY OWN JUDGEMENT.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_