

EMPLOYMENT APPLICATION

Personal Data

| | |
|---|---------------------------------|
| Name (Last, First, M.I.): | Position: |
| Street Address: | State: |
| City: | Zip Code: |
| Home Phone: | Cell Phone: |
| Date of Birth: | Marital Status: |
| Are you legally eligible 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. |

Employment History

| | |
|---------------------------------|----------------------|
| 1. Employer: | Supervisor: |
| Address: | Phone: |
| Position: | Dates of Employment: |
| Duties: | Salary History: |
| May we contact for a reference? | ___ Yes ___ No |
| Reason for leaving: | |
| 2. Employer: | Supervisor: |
| Address: | Phone: |
| Position: | Dates of Employment: |
| Duties: | Salary History: |
| May we contact for a reference? | ___ Yes ___ No |
| Reason for leaving: | |
| 3. Employer: | Supervisor: |
| Address: | Phone: |
| Position: | Dates of Employment: |
| Duties: | Salary History: |
| May we contact for a reference? | ___ Yes ___ No |
| Reason for leaving: | |

Education

| | |
|--------------|----------------------------------|
| High School: | Address: |
| From: To: | Did you graduate? ___ Yes ___ No |
| College: | Address: |
| From: To: | Did you graduate? ___ Yes ___ No |
| Other: | Address: |
| From: To: | Did you graduate? ___ Yes ___ No |

Driving Record

Safe driving is an essential part of the job for all employees.

CDL drivers only We require you to supply us with a Public Driving Record from the RMV - This can be obtained at the registry

What type of license do you hold? (Regular, Commercial, etc.):

Have you had any moving violations or at-fault accidents in the past 4 years? ___ Yes ___ No

If Yes Please describe:

Additional Data

Do you have experience with the following? ___ Forklift ___ Lowbed

Please check all that apply: ___ Backhoe ___ Excavator

 ___ Loader ___ Crane

 ___ Skidsteer ___ End dump trailer

 ___ Manlift

Drug Free Workplace Policy

Our company has a drug free workplace program. No consumption of alcohol or drugs (other than perscription medications under the supervision of a doctor) are allowed. Employees who drive company vehicles or perform work under the influence of alcohol or drugs are subject to immediate dismissal.

Disclaimer and Signature

I verify that the information contained in this application is complete and correct to the best of my knowledge. I certify that I have submitted accurate information in good faith, with the sincere desire to obtain employment. I consent to former employers and references being contacted. I release all parties of any and all liability and damages that may result from furnishing such information. I further understand that if I misrepresent any information it may cancel this application or be grounds for dismissal in the event that I am hired. If offered employment I understand that it is on an "at-will" basis and either party may terminate the employment relationship at any time, without cause or notice.

Signature: _____

Date: _____