

Employment Application

Name: _____ SSN: _____
First MI Last

Physical Address: _____
(No P.O. Box) Street City State Zip

Home Phone Number: () - Cell / Message Phone Number: () -

Driver's License Number: State: Class: Endorsements:

Email: How did you find out about this position?

Position(s) Applying For: Salary Desired: Per

Date of Birth: / /

Are you legally authorized to work in the US? Y N

Please list any friends/relatives that are currently employed here:

References

Please list the names of two people to whom you are unrelated and have not been employed by:

Name: Address:

Phone: () - City: ST: Zip:

Name: Address:

Phone: () - City: ST: Zip:

Education

Please Circle the Highest Level of Completed Education

High School	8	9	10	11	12	City, State:	_____
Technical	1	2				Trade:	_____
College/Univ.	1	2	3	4		Major:	_____
Other	1	2	3	4		Degree:	_____

EEO Statement

It is the policy of this company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, national origin, or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship pre-apprenticeship, and/or on-the-job training.

Skills & Experience

Please complete the following based on your years of experience and skill level. If no experience with a particular item, leave that portion blank.

Use the following guideline for skill level:

A: Senior Level / Capable of Training Others

C: Intermediate Skills

B: Strong Skills

D: Entry Level

Heavy Equipment					
Item	Years	Skill	Item	Years	Skill
Roller			Track Hoe		
Front-End Loader			Dozer		
Scraper			Motor Grader		
Driver					
Item	Years	Skill	Item	Years	Skill
Water Truck			Side Dump		
Haz Mat and/or Fuel Truck			Tractor Trailer		
10 Wheel Dump			Heavy Haul		
Mechanic / Oiler					
Item	Years	Skill	Item	Years	Skill
Preventive Maintenance			Transmission		
Brakes / Front End			Hydraulics		
Engine			Paint & Body		
Welder					
Item	Years	Skill	Item	Years	Skill
Mig			"Out of Position"		
Tig			Fabrication		
Stick (list type of rods)			Blueprints		
*** Other ***					
Item	Years	Skill	Item	Years	Skill
General Labor			Staking		
Equipment Washer			Concrete Finisher		
Surveying			Other:		
Office					
Item	Years	Skill	Item	Years	Skill
MS Word			Expedition / Sure-Trac		
MS Excel			Peachtree / QuickBooks		
AutoCAD / Micro Station			Other:		
SUPERVISORY SKILLS					
Biggest team you've managed:					
Field or office?					
For how long?					
Other supervisory duties:					

Please list other special training and/or skills related to the position: _____

Former Employers

EVEN IF A RESUME IS SUPPLIED, THIS PAGE MUST BE FILLED OUT IN ITS ENTIRETY.
CDL Applicants: You must show at least a 10 year history. **All applicants** must show at least a 5 year history
List current or most recent job first. Please explain all gaps in employment. Use backside if needed.

End MO / YR /	Company Name _____ _____ _____ City, State	Phone () - _____ _____ _____ Supervisor: _____ _____ _____	Duties: _____ _____ _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____ _____ _____
Start MO / YR /	Street _____ _____ _____ City, State			Pay Rate: _____ _____ _____ _____ _____ _____

End MO / YR /	Company Name _____ _____ _____ City, State	Phone () - _____ _____ _____ Supervisor: _____ _____ _____	Duties: _____ _____ _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____ _____ _____
Start MO / YR /	Street _____ _____ _____ City, State			Pay Rate: _____ _____ _____ _____ _____ _____

End MO / YR /	Company Name _____ _____ _____ City, State	Phone () - _____ _____ _____ Supervisor: _____ _____ _____	Duties: _____ _____ _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____ _____ _____
Start MO / YR /	Street _____ _____ _____ City, State			Pay Rate: _____ _____ _____ _____ _____ _____

End MO / YR /	Company Name _____ _____ _____ City, State	Phone () - _____ _____ _____ Supervisor: _____ _____ _____	Duties: _____ _____ _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____ _____ _____
Start MO / YR /	Street _____ _____ _____ City, State			Pay Rate: _____ _____ _____ _____ _____ _____

End MO / YR /	Company Name _____ _____ _____ City, State	Phone () - _____ _____ _____ Supervisor: _____ _____ _____	Duties: _____ _____ _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____ _____ _____
Start MO / YR /	Street _____ _____ _____ City, State			Pay Rate: _____ _____ _____ _____ _____ _____

- You Must Answer These***
1. Indicate any of the above employers you DO NOT wish us to contact: _____
 2. Have you ever been discharged by a previous employer: Y N If so, by which employer(s) _____
 3. Have you ever been convicted of, or pled "guilty" or "no contest" to a crime? Y N
 4. If so, list the date(s) and detail(s): _____

* Answering "Yes" does not constitute an automatic rejection to employment. Date of offense, seriousness & nature of the violation, rehabilitation, and position applied for will be considered.

This certifies 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. I authorize you to make such investigations and inquiries 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 inquired 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, and that employment is "At Will" and may be ended by either party at any time, with or without reason or no reason at all.

Signature of Applicant _____ **Date** _____

Investigative Consumer Report Release

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize SelectForce, Inc. to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge SelectForce, Inc., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to SelectForce, Inc. from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

SelectForce, Inc. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which SelectForce, Inc. has or obtains, and my employment history if I am hired, may be supplied by SelectForce, Inc. to other companies that subscribe to SelectForce, Inc. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

☐ Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.

☐ Minnesota Applicants Only: I request a copy of any consumer report requested on me.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used:

List States & Counties of Residence for the past: ☐ 3 years ☐ 5 years ☐ 7 years ☐ 10 years (Attach a separate sheet if more space is needed.)

State _____ City/County _____ From Year _____ to Year _____

State _____ City/County _____ From Year _____ to Year _____

Home Address _____ City _____ State _____ Zip _____

Driver's License No.: _____ State Issuing License: _____ Exp. Date: _____

Date of Birth _____ Race: Asian Black Hispanic White Other _____ Sex: Male Female
(Circle one) (Circle one)

Voluntary Identity Self Disclosure

Our company has, and will continue to fully comply with all applicable employment laws. There shall be no discrimination against any employee or applicant because of race, color, religion, sex, age, national origin, disability or veteran status. We subscribe to the policy and our program of affirmative action that all employees will be treated the same during their employment in all matters, including employment, upgrading, promotion, transfer, layoff, termination, rates of pay, selection for training, or recruitment. The full cooperation of all employees and all levels of supervision is expected.

Note: The information requested in this form is completely voluntary and will be kept confidential. We will use the data you provide us for periodic government reporting purposes only. Also, this form will be stored separately from each employee's personnel file. Refusal to provide this information will not subject you to any adverse treatment. However, your cooperation in this matter would be greatly appreciated.

Name: _____

Soc. Sec. No.: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Race: ☐ Alaskan or American Indian
 ☐ Asian
 ☐ Black or African American
 ☐ Hawaiian or Pacific Islander

☐ Hispanic or Latino
 ☐ White
 ☐ Two or More Races

As a government contractor, we are subject to sections 503 and 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Re-adjustment Assistance Act of 1974. These Acts require government contractors to take affirmative action to employ and advance in employment Special Disabled Veterans, Veterans of the Vietnam Era and other Protected Veterans. If you meet one or more of the above descriptions, we would like to include you under the affirmative action program.

Check if any of the following are applicable:

☐ Other Protected Veteran

☐ Special Disabled Veteran

☐ Vietnam Era Veteran

☐ Recently Separated Veteran

Please identify where you learned about an employment opportunity with this organization:

☐ Newspaper Advertisement *Name of Paper:* _____

☐ Employee Referral *Name of Employee:* _____

☐ Driving Past Building

☐ Other *Please Describe:* _____

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