

# Employment Application

Today's Date \_\_\_\_\_  
 Position applying for: \_\_\_\_\_

Name:		Drivers License #	(operators license required for this job):
Address:			
City, State, Zip		SSN:	
Daytime phone:		Are you over 21?	
Evening phone:		Cell phone:	

**Employment History:** *(starting with most recent)*

Employer Name:	Location:	Supervisor:	Phone:	Duties:	Dates:

**Education:** *(include certifications)*

School Name:	Location:	Course of Study:	Graduation Date

Please list three personal references on the back of this page

Have you ever had a workmen's comp claim? \_\_\_\_\_ If yes, what was the injury?

Have you ever been convicted of a felony? yes no If so, when? \_\_\_\_\_ Wat was the conviction?

Do you have any physical or mental impairments that would prevent you from doing the duties of the job you are applying for? yes no

May we contact your present employer? yes no

What types of tools and equipment do you know how to use?

Do you have reliable transportation to and from work? yes no Do you have any tickets in the last 5 years? yes no

Can you drive a truck with a standard transmission? yes no

All of our employees must be able to be bonded. All new hires must have drug testing completed prior to employment. Please use the back of this paper to write any additional comments.

**Signature:** The above statements and information are true and accurate to the best of my knowledge. I give my permission for \_\_\_\_\_ to request a standard background check from a law enforcement agency and to order drug testing:

Signed \_\_\_\_\_ Date \_\_\_\_\_