

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Email	
Date Available		Social Security No.		Desired Pay	
Position Applied for:			Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Applicable Skills:					
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State	Number
Do you have valid CDL license?		If yes, type:		Are you at least 18 years of age?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work weekends?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
In Case of Emergency Contact		Name		Relation	Phone Number

EDUCATION					
High School			City		State
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree	
Other			City		State
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree	

REFERENCES	
<i>Please list two personal or professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

NIXCAVATING, INC.



PREVIOUS EMPLOYMENT: LIST MOST RECENT/CURRENT FIRST										
Company					Phone ()					
City/State					Supervisor					
Job Title				Starting Pay		\$		Ending Pay		\$
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone ()					
City/State					Supervisor					
Job Title				Starting Pay		\$		Ending Pay		\$
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone ()					
City/State					Supervisor					
Job Title				Starting Pay		\$		Ending Pay		\$
Responsibilities										
From				To				Reason for Leaving		
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			

MILITARY SERVICE						
Branch			From		To	
Rank at Discharge			Type of Discharge			
If other than honorable, explain:						

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that the use of illegal drugs is prohibited during employment. Company policy requires testing, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.	
Signature	Date