

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Present Address				Apartment/Unit #	
City			State	ZIP	
Phone			E-mail Address		
Date Available				Are you 18 years of age or older.	
Position Applied for					
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"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have a valid drivers license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, DL#		
Do you have a CDL license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

REFERENCES					
<i>Please list three professional references.</i>					
Full Name		Relationship		Phone	
Full Name		Relationship		Phone	
Full Name		Relationship		Phone	

PREVIOUS EMPLOYMENT					
Company Name				Phone	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
Company Name				Phone	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
Company Name				Phone	
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you had any traffic violations in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you been convicted of a crime in the past five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Can you perform essential functions of the job with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever operated a dump truck?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever operated a skid-loader?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Willing and able to travel for occasional out-of-state work when needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
When are you available to start work?			

PLEASE LIST ANY OTHER QUALIFICATIONS YOU MIGHT HAVE.

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 authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason without any prior notice.

Signature	Date
-----------	------