## **EMPLOYMENT APPLICATION**



| Programs, services & employment a<br>Resources Department if you require                                      |                              | Date of Interview:   |               |         |                                    |  |
|---|------------------------------|----------------------|---------------|---------|------------------------------------|--|
| APPLICANT DATA  |                              |                      |               |         | Position Applied For:              |  |
| How were you referred to us:  |                              |                      |               |         |                                    |  |
| Full Name:  |                              |                      |               |         |                                    |  |
| Address:  | City:                        |                      |               |         | State: Zip:                        |  |
| Phone:  | Cell or Other #:             |                      | Emai          | l:      |                                    |  |
| Date available to start:  |                              | Salary Requirements: |               |         |                                    |  |
| If you are under the age of 18, can   | you provide a work permit    | ☐ Yes                | □No           | If no,  | please explain:                    |  |
| Have you worked for Joe Dirt Excava   | ating before?                | ☐ No                 | If Yes, when: |         |                                    |  |
| Are you legally allowed to work in the US?  |                              |                      |               |         |                                    |  |
| Type of employment desired:  Full Time Part Time Temporary Seasonal   |                              |                      |               |         |                                    |  |
| Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If Yes, give dates and details: |                              |                      |               |         |                                    |  |
| Answering yes to these questions d  | oes not constitute an automa | atic rejection       | for employmer | nt. Dat | te of the offense, seriousness and |  |
| nature of the violation, rehabilitation and position applied for will be considered.                          |                              |                      |               |         |                                    |  |
| EDUCATION HISTORY   |                              |                      |               |         |                                    |  |
| Name & Location of High School:   | Did you graduate?:           |                      |               |         |                                    |  |
| Name & Location of College:   | Years attended:              |                      |               |         |                                    |  |
| Degrees completed:  | Other subjects studied:      |                      |               |         |                                    |  |
| SUMMARIZE YOUR SPECIAL SKILLS   | OR QUALIFICATIONS            |                      |               |         |                                    |  |
|   |                              |                      |               |         |                                    |  |
|   |                              |                      |               |         |                                    |  |
|   |                              |                      |               |         |                                    |  |
|   |                              |                      |               |         |                                    |  |

| PREVIOUS EMPLOYMENT (BEGIN  | WITH MOST RECENT POSITION   | N)   |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| Dates of Employment: From: _  | // To://  | Position Held:   |   |  |  |  |  |
| Company Name:   |   | Address:   |   |  |  |  |  |
| City:   | State:  |  | Zip:  |  |  |  |  |
| Phone #:  | Supervisor's Name:  |  | Supervisor's Tiitle:  |  |  |  |  |
| Responsibilities:   |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| Starting Salary & Title:  |   | Ending   | Salary & Title:   |  |  |  |  |
| Reason For Leaving:   |   |  |   |  |  |  |  |
| May we contact this employer fo   | r a reference?  | Yes  | No  |  |  |  |  |
| Dates of Employment: From:/ To:/ Position Held:   |   |  |   |  |  |  |  |
| Company Name: Address:  |   |  |   |  |  |  |  |
| City:   | State:  |  | Zip:  |  |  |  |  |
| Phone #:  | Supervisor's Name:  |  | Supervisor's Tiitle:  |  |  |  |  |
| Responsibilities:   |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| Starting Salary & Title:  |   | Ending   | Salary & Title:   |  |  |  |  |
| Reason For Leaving:   |   |  |   |  |  |  |  |
| May we contact this employer fo   | r a reference?  | Yes  | No  |  |  |  |  |
| Dates of Employment: From:/ To:/ Position Held:   |   |  |   |  |  |  |  |
| Company Name:   |   | Address:   |   |  |  |  |  |
| City:   | State:  |  | Zip:  |  |  |  |  |
| Phone #:  | Supervisor's Name:  |  | Supervisor's Tiitle:  |  |  |  |  |
| Responsibilities:   |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| Starting Salary & Title:  |   | Ending   | Salary & Title:   |  |  |  |  |
| Reason For Leaving:   |   |  |   |  |  |  |  |
| May we contact this employer fo   | r a reference?  | Yes 🗆  | No  |  |  |  |  |
| statements on this application shall employers listed above to give you a personal or otherwise, and release the understand and agree that no represent period of time, or to make any agree waiver does not permit the release of (ADA) and other relevant federal and | be grounds for dismissal. I author<br>ny and all information concerning<br>he company from all liability for a<br>sentative of the company has any<br>ement contrary to the foregoing, u<br>or use of disability-related or medic | ize investigation of<br>imy previous emplo<br>ny damage that ma<br>authority to enter in<br>nless it is in writing | my knowledge and understand that, if employed, falsified all statements contained herein and the references and syment and any pertinent information they may have, by result from utilization of such information. I also not any agreement for employment for any specified and signed by an authorized company representative. This manner prohibited by the Americans with Disabilities Act |  |  |  |  |
| Signature of Applicant:   |   |  | Date:   |  |  |  |  |