EMPLOYMENT / JOB APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PERSONAL INFORMATION FULL NAME: DATE: ADDRESS: Street Address Apt/Suite State Zip Code E-MAIL: _____ PHONE: _____ SOCIAL SECURITY NUMBER (SSN): ____-__ DATE AVAILABLE: _____ DESIRED PAY: \$____ □ HOUR □ SALARY POSITION APPLIED FOR: **EMPLOYMENT DESIRED:** — FULL-TIME — PART-TIME — SEASONAL **REFERRAL SOURCE:** □ Indeed □ Friend □ Employment Agency □ Walk-In Other ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO DO YOU HAVE DAILY TRANSPORATION MEANS TO/FROM A VARIETY OF JOB LOCATIONS? YES NO **EMPLOYMENT ELIGIBILITY** ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO* HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO *IF YES, WRITE THE START AND END DATES: CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO* *IF NO, PLEASE EXPLAIN: HAVE YOU EVER BEEN CONVICTED OF A FELONY FOR A DRUG, DUI/OVI, OR TRAFFIC OFFENSE?□ YES*□ NO *IF YES, PLEASE EXPLAIN:

EDUCATION LEVEL COMPLETED		
HIGH SCHOOL: CITY / STATE:		
GRADUATE? YES NO DIPLOMA:		
COLLEGE: CITY / STATE:		
GRADUATE? ☐ YES ☐ NO DEGREE:		
OTHER: CITY / STATE:		
DEGREE/CERTIFICATION:		
OTHER CERTIFICATIONS/TRAINING:		
CDL-ATANKER ENDORSEMENT		
OSHA 10OSHA 30CPR		
TRENCH SAFETYCONFINED SPACE TRAINING		
OTHER		
PREVIOUS EMPLOYMENT		
EMPLOYER 1:Company / Individual		
PAY: \$ □ HOUR □ SALARY		
JOB TITLE: RESPONSIBILITIES:		
FROM: TO:		
REASON FOR LEAVING:		
EMPLOYED A.		
EMPLOYER 2:Company / Individual		
PAY: \$ □ HOUR □ SALARY		
JOB TITLE: RESPONSIBILITIES:		
FROM: TO:		
REASON FOR LEAVING:		

Equal Opportunity Employer

REFERENCES (PROFESSIONAL ONLY)		
FULL NAME: First Last		
COMPANY:	_ TITLE:	
E-MAIL:	PHONE:	
FULL NAME: First Last	_ RELATIONSHIP:	
COMPANY:	_ TITLE:	
E-MAIL:	PHONE:	
MILITARY SERVICE		
ARE YOU A VETERAN? YES NO		
TYPE OF DISCHARGE:		
IF NOT HONORABLE, PLEASE EXPLAIN:		
BACKGROUND CHECK CONSENT		
IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO		
DISCLAIMER		
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.		
Please complete each section EVEN IF you decide to attach a resume.		
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.		
SIGNATURE	DATE	
PRINT NAME		

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As employers/government contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept confidential. Your cooperation is voluntary. Position(s) Applied for: _____ Last Name _____ Middle Name ____ Middle Name___ Address State_____ ZIP____ Government agencies, at times, require periodic reports on the sex, ethnicity, disabled, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only, submission of information is voluntary. Male_____ Female___ Race/Ethnic Group: Hispanic American Indian Asian/Pacific Islander White_____ Black___ Check if any of the following apply: Vietnam Era Veteran_____ Disabled Veteran____ Disabled Individual Disability SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS. AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES Government contractors are subject to 38USC2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below. Disabled Individual Disabled Veteran Vietnam Era Veteran Disabiliity Signed

Equal Opportunity Employer