



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, disability or veteran status.

PERSONAL	Last Name	First Name	Middle Initial	Date
	Street Address			Home Phone
	City, State and Zip Code			Cell Phone
	Position Desired			Referred by:
	Are you available for a full time job? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be able to work?
	Do you have special training or skills (other language, machine operations, etc.)			

EDUCATION	School	Name and Location of the School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS ADDRESSES	LIST ALL LOCATIONS WHERE YOU HAVE LIVED IN THE PAST 5 YEARS		
	From	To	City, County, State
	From	To	City, County, State
	From	To	City, County, State
	From	To	City, County, State
	From	To	City, County, State

EMPLOYMENT HISTORY

*Please give an accurate, complete full-time and part-time employment record.
Start with present or most recent employer.*

1	First Most Recent: Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Second Most Recent: Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Third Most Recent: Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY PRIOR TO SIGNING THIS APPLICATION

I, _____, hereby apply for employment with Capital Excavation Company (hereinafter referred to as EMPLOYER). I specifically verify that all the information provided in this APPLICATION FOR EMPLOYMENT is true, complete and correct.

I understand and agree that the omission or misrepresentation of any fact in the APPLICATION FOR EMPLOYMENT will be sufficient reason for EMPLOYER TO deny me employment. I also understand and agree that should I become employed by EMPLOYER and it is later discovered I have omitted or misrepresented any fact in this APPLICATION FOR EMPLOYMENT, in any supplement thereto, or any other corporate record, EMPLOYER may immediately terminate my employment upon discovery of such omission or misrepresentation.

I will abide by the safety rules of this company.

If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

Applicant's Signature _____ Date _____