|  |  |
| --- | --- |
| Jackson Excavation  Employment Application | C:\Users\De\Downloads\JACKSON EXCAVATION (1).jpg |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | |  | | | | | | | | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | | | Date | |  | | |
| Street Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | | |
| City | |  | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | ZIP | |  | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | |  | | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | Desired Salary | | | | | | | |  | | | | |
| Position Applied for | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Company | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Company | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | NO | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | |

**Driver’s License Information**

|  |  |  |  |
| --- | --- | --- | --- |
| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Driving Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class of Equipment | Type of Equipment  (Van, Tank, Flat, etc) | Dates  From To | | Approx. No. Of Miles  TOTAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Accident Record for Past Three Years**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Nature of Incident  (Head-on, Rear-end,Upset, etc.) | Fatalities | Injuries |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations).**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Convicted  (Month/Year) | State of Violation  (Location) | Charge/Violation | Penalty  (Forfeited Bond, Collateral and/or Points) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(Attach sheet if more space is needed)**

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes N0**

**B. Has any license, permit or privilege ever been suspended or revoked? Yes No**