



## EMPLOYMENT APPLICATION

### **An Equal Opportunity Employer**

Dirks Dozing & Excavating is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Dirks Dozing & Excavating is an AT-WILL EMPLOYER. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

### **AUTHORIZATION AND ACKNOWLEDGMENTS** **Please Read and Initial Each Paragraph, then Sign Below**

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment. \_\_\_\_\_

I understand that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and proof of automobile liability insurance. \_\_\_\_\_

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility. \_\_\_\_\_

I understand that smoking is prohibited in all indoor areas of the Company's facilities. \_\_\_\_\_

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and or conflict of interest statement and or agreement.

If hired, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that the Company employs only individuals who are legally eligible to work in the United States. \_\_\_\_\_

**Applicant's Printed Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Your Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Facsimile number

E-mail address

Social security number

Driver's license number/state/expiration

*(if job involves any driving)*

## Employment Desired

Position applied for

How did you hear about this position?

Date available to begin work?

Desired hours (full time, part time, etc.)

## Your Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

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## Your Employment History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. **You must complete this section even if attaching a resume.** May we contact your current employer?  YES  NO

<b>1.</b>	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
Reason(s) for leaving				
<b>2.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
Reason(s) for leaving				



## Your Employment History - Continued

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. **You must complete this section even if attaching a resume.** May we contact your current employer?  YES  NO

<b>3.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
<i>Reason(s) for leaving</i>				
<b>4.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
<i>Reason(s) for leaving</i>				



**Additional Information**

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position.

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Identify what skills or certification you possess related to this position.

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If you are hired, what value would you add to our company?

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Describe what you believe are the most unique features of your work history.

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### Additional Information - Continued

Have you ever been employed with our company before?  Yes  No  
If Yes, when? .....

Do you have any friends or relatives employed by the company?  Yes  No  
If Yes, please provide their names and relationship to you: .....

Are you currently employed?  Yes  No  
May we contact your employer?  Yes  No  
Are you currently on "lay off" status and subject to recall?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?  Yes  No  
If Yes, please explain: .....

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"  Yes  No  N/A

If hired, do you have a reliable means of transportation to and from work?  Yes  No

If hired, would you be able to travel or work overtime as needed?  Yes  No



## Additional Information - Continued

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes \_\_\_ No \_\_\_

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

**Note:** A “yes” answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## Military Experience

Branch of Service	Dates Served	Rank at Discharge

## References

List below three persons other than relatives and previous employers who have knowledge of your work performance within the last 10 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted



## AUTHORIZATION AND ACKNOWLEDGMENTS

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the company, terms for my immediate expulsion from the company. \_\_\_\_\_

If hired, I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of EMPLOYMENT AT-WILL. \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

I authorize Dirks Dozing & Excavating to use photocopies of this authorization in lieu of the original, which remains in the possession of Dirks Dozing & Excavating until such time as my application is either accepted or rejected. \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_