

GENERAL EMPLOYMENT APPLICATION

Applicant Name (print) _____ Date _____

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) may be contacted, for the purpose of investigating my safety performance history.

I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED REJECTED

DATE HIRED OR REJECTED _____ LOCATION HIRED TO WORK _____

DEPARTMENT _____ WORK CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING MANAGER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DISMISSED VOLUNTARILY QUIT OTHER _____

TERMINATION REPORT PLACED IN FILE BY _____ DATE _____

APPLICANT TO COMPLETE
(Answer all questions – PLEASE PRINT)

Name _____ Phone Number _____
 (Last) (First) (Middle) Email Address _____

(Must Include Addresses for Past 3 Years. No PO Boxes)

Current Address _____ How Long? _____
 (Street) (City) (State & Zip Code) (yr./mo.)

Previous _____ How Long? _____
 (Street) (City) (State & Zip Code) (yr./mo.)

Position(s) Applying for? _____ Date Available: _____

Is there any reason you might be unable to perform the functions of the position(s) applied for? Yes No

If yes, please explain if you wish _____

Do you have the legal right to work in the United States? Yes No Social Security # _____

Have you worked for this company before? Yes No – If so, dates: From _____ To _____

Rate of Pay _____ Position _____ Reason for leaving _____

Are you currently employed? Yes No – If not, how long since leaving last employment? _____

Where did you hear about this company? _____

Who referred you? _____ Rate of pay expected? _____

Do you have any relatives currently working for the company? _____

Have you received a DUI in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <i>(If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you tested positive on any drug test within the past 3 years, including, but not limited to, a Department of Transportation mandated pre-employment drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you refused to be tested for any drug within the past 3 years, including, but not limited to, a Department of Transportation mandated pre-employment drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If you answered "yes" to either question regarding drug testing, please provide the following information for each instance:)

Date (mm/yy)	Company Name	Telephone #	Positive or Refused

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
 (NAME OF SCHOOL) (CITY, STATE)

List any courses, or training that will help you in the position(s) being applied for: _____

List any safety awards you hold and from whom: _____

List any current safety training: OSHA H2S Safeland MSHA Medic/First Aid Defensive Driving or Other: _____

List any other training, skillsets, and/or equipment and tools that can be operated, which you would like us to consider: _____

DRIVING EXPERIENCE

DRIVER LICENSES <i>(List all licenses or permits held in the past 3 years)</i>	STATE	LICENSE NO.	CLASS/TYPE – ENDORSEMENTS - RESTRICTIONS	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EQUIPMENT OPERATING EXPERIENCE

TYPE <i>(Dozer, Grader, Excavator, Backhoe, Scraper, Loader, Haul Truck, Compactor, Etc.)</i>	MAKES <i>(CAT, John Deere, Case, Komatsu, Volvo, Bobcat, Liebherr, Etc.)</i>	MODEL / SIZE <i>(Mini, Small, Midsize, Intermediate, Mining)</i>	# YEARS / MONTHS	EMPLOYER

FIVE YEAR EMPLOYMENT HISTORY (Including Military)

Any gaps in employment and/or unemployment must be explained. Including dates *(months/years)*.

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE THAT IS SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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TO BE READ AND SIGNED BY APPLICANT

I understand that by filling out this application, it DOES NOT assure me of a job interview. I authorize investigation of all statements contained in this application. I understand that if any of the statements I have made are proved to be untrue, it is grounds for immediate termination. I understand and agree that if hired, my employment is for no definite period, and I understand that I will not be under contract for employment with George T. Weldon Construction. I understand, also, that I am required to abide by all rules and regulations of George T. Weldon Construction. If hired this signed statement will remain on file and serve as ongoing authorization to procure consumer reports throughout the period of my employment. Copies of this signed statement are as valid as the original.

My signature certifies that I have read and understand the contents of this employment application, have voluntarily executed this application, and that I am fully able and competent to complete it. My signature certifies that this application was completed by me, and that all entries on it and information in it, are true and complete to the best of my knowledge.

Signature: _____ Date: _____