

ALL Blanks must be filled in

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date:

/ /

APPLICANT DATA:

Position applied for:

How were you referred to us: _____

Full Name: _____

Address: _____
LAST FIRST MIDDLE

City: _____ State: _____ Zip: _____

Phone: () _____ Mobile/Beeper/Other Phone: _____ E-Mail Address: _____

Date available to start: _____ Social Security #: _____

Minimum Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, do you have work papers? Yes No

Type of employment desired: Full-time Part Time Temporary Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Driver's license number if applicable to position: _____ State: _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____



Medical / Physical questionnaire for ability to perform field work

All field positions will have a **moderate to heavy requirement** of the following functions: Please check off all that you **are able** to perform.

This is to determine if you are able to physically and mentally perform the job in which you have applied for. Additionally this will help us determine what reasonable accommodations might be necessary to allow you to perform the job offered and whether you can perform the job offered to you without posing a direct threat to the health and/or safety of yourself or to others.

Bending/twisting at the Waist Use of Hands Use of Fingers & wrists
 Grasping Reaching Use of Feet Standing Walking
 Kneeling Pushing Pulling Stooping Squatting
 Lifting Below and Above the Waist up to 40-50 lbs. Lifting in teams

Environmental Conditions including but not limited to: sun, variable temperatures and weather conditions, especially extreme heat, dust, plants, glues, noise, working in close proximity to machinery, etc.

Personal Protection Equipment (PPE): Depending on your task and the site requirements, you may be required to wear a Hard Hat, Safety Glasses, etc.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge.

Name: _____ Position: _____

Signature

**WORK BOOTS ARE REQUIRED FOR ALL
FIELD PERSONNEL!**

Additional requirements upon job offer includes, but not limited to: Medical Questionnaire, Worker's Compensation Background Search, Background / Criminal History Check, Drug / Alcohol Test (post hire if there is suspicion of use of same), Drivers field test (only for persons hired to drive or being added as a driver after hire)