



## Application for Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Personal Information

Name \_\_\_\_\_

Address _____		City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

### Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
-------------------------------------	----------------------------	-------------------

Employment Desired

Full Time       Part Time

### Education

School Name	Location	Years Attended	Degree Received	Major

## Employment Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.

1. DO YOU HAVE ANY PHYSICAL CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING THE JOB THAT YOU ARE APPLYING FOR? YES NO  
IF YES, WHAT ARE YOUR LIMITS \_\_\_\_\_
2. HAVE YOU EVER BEEN INJURED ON THE JOBSITE? YES NO  
IF YES, WHERE AND WHEN \_\_\_\_\_  
\_\_\_\_\_
3. HAVE YOU EVER BEEN SITED FOR A SAFETY VIOLATION? YES NO  
IF YES, WHAT VIOLATION \_\_\_\_\_
4. ARE YOU SAFETY CONSCIOUS? YES NO
5. DO YOU UNDERSTAND THIS IS A DANGEROUS OCCUPATION? YES NO
6. DO YOU UNDERSTAND THAT IF YOU ARE ACCEPTED FOR THIS POSITION THAT THE USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE WILL NOT BE TOLERATED? YES NO
7. DO YOU UNDERSTAND THAT ANY EMPLOYEE SUSPECTED OF DRUG OR ALCOHOL ABUSE WILL NOT BE ALLOWED ON THE JOBSITE? YES NO
8. DO YOU HAVE A VALID DRIVERS LICENSE? YES NO
9. DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO