



## EMPLOYMENT APPLICATION

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Address: \_\_\_\_\_  
STREET
CITY
STATE
ZIP

Mobile Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Alternate Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Date Available to Start: \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Sex:     Male     Female

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

1. Have you ever been employed here before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you legally eligible for employment in this country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. If you are under 18, do you have a work permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you willing to travel between PA, OH, & WV and stay for days at a time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a CDL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes" to #5, what class?		
6. Do you have any allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes" to #6, please explain:		
7. Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes" to #7, please explain:		
8. Do you have any mechanical experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have any welding experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Related Experience

Equipment/Position Type	Size & Description	Length of Time
Bed Truck		
Gin Pole Truck		
Winch Truck		
Crane		
Wheel Loader/Forklift		
Dozer		
Pilot Vehicle/Traffic Control		



## WORK EXPERIENCE

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		NATURE OF THE WORK AND RESPONSIBILITIES	
REASON FOR LEAVING		HOOR RATE SALARY	

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		NATURE OF THE WORK AND RESPONSIBILITIES	
REASON FOR LEAVING		HOOR RATE SALARY	

### Professional References

Name	How you're acquainted	Phone Number

### IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_