



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		HOUR RATE SALARY	

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		NATURE OF THE WORK AND RESPONSIBILITIES	
REASON FOR LEAVING		HOUR 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: () _____ - _____