



PRE-EMPLOYMENT APPLICATION FORM

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, gender, sexual orientation, age, color, religion, national origin, veteran status, or any disability as provided in the Americans With Disabilities Act. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

APPLICANT DATA:

Date: _____

Full Name: _____

Present Address: _____
Street Number and Name, City, State, Zipcode

Home Phone: _____ Cell Phone: _____ Email: _____

Are you over 18 years of age? Yes No

Do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give dates and details: _____

Answering "yes" to this question does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Are you able to pass a drug screen? Yes No

◆ KEITH KAP & SONS EXCAVATING IS A DRUG-FREE WORKPLACE. SUBSTANCE ABUSE TESTING IS A CONDITION OF EMPLOYMENT ◆

EMPLOYMENT DESIRED:

Position Applied For: _____

Date Available to Start: _____ Salary Requirement: _____

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

QUALIFICATIONS:

Summarize your special skills or qualifications: _____

Please list what types (if any) of equipment you have operated: _____

Do you have a valid Drivers License? Yes No

If yes, what type and endorsements do you have? _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?

Yes No If yes, give state of issuance and explanation of the circumstances? _____

EMPLOYMENT HISTORY:

List all employment for the previous 3 years and/or any jobs where you held the same position you are applying for in the previous 10 years. Please list employers in chronological order with the most recent employer listed first. List any gaps between employers and explanation.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP:			Telephone:
Title and Duties:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP:			Telephone:
Title and Duties:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP:			Telephone:
Title and Duties:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP:			Telephone:
Title and Duties:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERTIFICATION:

I certify 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. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquires in connection with my application."

Signature of Applicant: _____ Date: _____