

APPLICATION FOR EMPLOYMENT

APPLICANT INSTRUCTIONS:

1. Please read "APPLICANT NOTE".
2. Complete all pages of this form.
3. Print clearly; incomplete or illegible applications will not be processed.

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Applicants will be considered based on qualifications for a posted position without regard to age, sex, race, color, religion, national origin, pregnancy, disability, genetic information, or veteran status. Additional testing of job-related skills may be required prior to employment. In accordance with applicable law, a drug screen will be required prior to the final job offer and prior to reporting to work. You may be required to submit to a medical review after the job offer. Depending upon company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Please Print

Last Name		First		Middle	
Street Address		City		State	Zip
Home Phone		Business Phone			
Cell Phone		Email Address			
Position Applied For:		Are You Legally Authorized to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Proof of citizenship or immigration status will be required upon employment.</small>		Last Four of Social Security Number	
How Did You Learn About our Company?	Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will You Work Overtime if Asked? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pay Expected	
Are You on Layoff and Subject to Recall? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available for Work:		Can You Travel if Job Requires? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you <input type="checkbox"/> Worked (or) <input type="checkbox"/> Applied with us Before?		If yes, give date:		Month	Year
		Location:		Supervisor:	

EDUCATION:

School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree/Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	YEARS KNOWN	RELATIONSHIP
1.			
2.			

TRAINING / CERTIFICATES:

MSHA Part 46 48

Class and Date:

OSHA

Class and Date:

Professional Craftsman License? Yes No

Card No(s):

State(s):

Craft(s):

NCCER Certification?

Yes No

Card No:

Craft(s):

NCCCO Certified?

Yes No

Card No:

Skill(s):

Exp. date:

TWIC Certified?

Yes No

Other Please List:

Applicant Name: _____

Last Four of SS#: _____

EMPLOYMENT HISTORY:

Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER:		Are you currently working for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Name		City	State
Phone Number			
Dates Employed: From _____ To _____		Job Title	Supervisor
Duties:			
Salary \$ _____ Per _____ (Hour, Week, Month)		Reason for Leaving	
Per Diem \$ _____			
Other Compensation \$ _____		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECOND MOST RECENT EMPLOYER:

Company Name		City	State
Phone Number			
Dates Employed: From _____ To _____		Job Title	Supervisor
Duties:			
Salary \$ _____ Per _____ (Hour, Week, Month)		Reason for Leaving	
Per Diem \$ _____			
Other Compensation \$ _____			

CERTIFICATION AND RELEASE:

I declare that the answers given by me to the questions in this application are correct to the best of my knowledge and I understand that any misstatement, falsification, or omission of facts shall be cause for disciplinary action up to and including dismissal or rejection from employment. I authorize the company to investigate my answers to all questions in this application. I authorize any law enforcement agency or criminal history background-reporting agency to furnish information in its records about me to the Company or its agents. I further authorize the company to contact any of my previous employers, as well as reference sources, in order to verify the information that I have furnished regarding my qualifications and character. I hereby authorize all person(s) having knowledge thereof to provide such information to the company, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I further agree that I will submit to a medical review after an offer of employment is made but prior to reporting to work. Additional testing of job related skills may be required prior to employment. I will submit to drug and alcohol testing upon the company's request. I authorize the company to supply my employment records in whole or in part and in confidence to any employer, insurance agency or other party with a legal and proper interest. I hereby release the company from any liability and agree to hold harmless any employee of the company who furnished such information. I understand that I must comply with the company safety rules, including the company substance abuse policy, and that failure to comply will result in disciplinary action up to and including termination. I understand and agree that my employment is on an "at will" basis and that the employment relationship may be terminated by the company, or by me, at any time for any reason, with or without cause or notice. I further understand that no exceptions to this policy will be honored or recognized unless contained in a written agreement signed by a director of the company and myself. Any verbal representations to the contrary are invalid and should not be relied upon.

I authorize the company to obtain an investigative consumer report on me, as defined by the Fair Credit Reporting Act. This report may include information pertaining to my safety and driving record. I understand that if any such inquiry is made, further information as to its nature and scope will be supplied upon written request.

I have carefully read the information on this form, I realize I had the opportunity to ask questions about it and I understand what it means.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Signature of Applicant _____ Date _____