



EMPLOYMENT APPLICATION

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, social security card, passport, Immigration & Naturalization Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Date: _____

Position: _____ Salary/Hourly Rate Requested: _____

Name: _____
Last First M.I. Maiden

Is there any information we would need about your name or use of another name for us to be able to check your work history? Please be specific.

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Telephone: _____ Alt. Tel: _____

When can you begin work? _____

Can you work overtime? Yes No

Can you work overtime without prior notice? Yes No

Can you work on Saturday? Yes No

Can you work on Sunday? Yes No

Can you travel if required? Yes No

Do you have reliable transportation to work? Yes No

For Office Use Only

Emp#: _____ Hire Date: _____ Pay Rate: \$ _____

Position: _____ Department: _____ Supervisor: _____

EDUCATION

School/Location Years Completed Degree/Diploma

High School: _____

College: _____

Tech. Training: _____

Other: _____

EMPLOYMENT HISTORY (Please list most recent first.)

Company Name: _____ Position Held: _____

Manager/Supervisor: _____ Phone Number: _____

Dates of Employment: _____ to _____ Duties: _____

Salary/Pay Rate: _____ Reason for Leaving: _____

Company Name: _____ Position Held: _____

Manager/Supervisor: _____ Phone Number: _____

Dates of Employment: _____ to _____ Duties: _____

Salary/Pay Rate: _____ Reason for Leaving: _____

Company Name: _____ Position Held: _____

Manager/Supervisor: _____ Phone Number: _____

Dates of Employment: _____ to _____ Duties: _____

Salary/Pay Rate: _____ Reason for Leaving: _____

Company Name: _____ Position Held: _____

Manager/Supervisor: _____ Phone Number: _____

Dates of Employment: _____ to _____ Duties: _____

Salary/Pay Rate: _____ Reason for Leaving: _____

Company Name: _____ Position Held: _____

Manager/Supervisor: _____ Phone Number: _____

Dates of Employment: _____ to _____ Duties: _____

Salary/Pay Rate: _____ Reason for Leaving: _____

MECHANICAL SKILLS

Please check equipment you have operated and list months/years of experience:

- Sweeper Truck _____
 Loader _____
 Trencher _____
 Grinder Truck _____
 Saw Cutter _____
 Forklift _____
 Dump Truck _____
 Tamper _____
 Bobcat _____

COMPUTER SKILLS

I have _____ years of computer experience and am proficient on the following software programs:

- Microsoft
 Lotus Suite
 SBT
 Great Plains
 Internet
 QuickBooks
 Other (Please List) _____

DRIVING EXPERIENCE

Current License: _____

Issuing State License# Class Type Exp. Date

Previous License: _____

Issuing State License# Class Type Exp. Date

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates of Operation		Approx. # of Total Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor – Two Trailers				
Other:				

ACCIDENTS/TICKETS/CITATIONS/WARNINGS

Dates (most recent first)	Nature of Incident (Head-on, rear-end, speeding, etc.)	Injuries/Fatalities	Outcome (Dismissed Paid Fine, Suspended License, etc.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either of these questions is yes, please attach statement giving details.

REFERENCES

Do you have any friend or relatives who are currently (or have formally been) employed by this company? If so, please list:

Have you ever been charged with a felony? Yes No If yes, please explain:

Have you ever been charged with possession of a controlled substance? Yes No

PERSONAL REFERENCES (Do not include relatives.)

Name: _____ # of years known: _____

Telephone Number: _____ Occupation: _____

Name: _____ # of years known: _____

Telephone Number: _____ Occupation: _____

Name: _____ # of years known: _____

Telephone Number: _____ Occupation: _____

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that field and yard positions with this company require continuous physical labor, including heavy lifting and excessive walking. I am physically able to perform these tasks and I do not have any pre-existing conditions, which would prevent me from carrying out these/similar duties as might be assigned by my supervisor.

I realize that TurnKey Operations has a zero-tolerance policy and I will not even be considered for employment if I have any history of alcohol abuse or illegal drug use.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date