Marion Excavating Co., Inc. Job Application



| | | General Inforr | ilation | | | | |
|--|------------------------------|----------------|------------|--|---------|------------------|--|
| | | Date: | | | | | |
| Name: | | | | | | | |
| Last | First | | | Middle | | | |
| Present Address: | | | | | | | |
| | Street | City | | Stat | te | Zip Code | |
| Cell Phone: | Home Pho | one: | | Ema | il: | | |
| Are You 18 years or old | der? Yes 🗆 | No 🗆 | | | | | |
| Are you legally authori | zed to work in the United St | ates? Yes | | No 🗆 | | | |
| Employment Desired | | | | | | | |
| Circle Position Applying For: Laborer Operator Driver Estimator Other: | | | | | | | |
| Date available to start | work: | Des | ired Salar | y: | | | |
| Are you employed now? Yes \square No \square Have you ever applied here before? Yes \square No \square | | | | | | | |
| | | Educatio | n | | | | |
| | Name & Location of School | | | Years | Did you | Subjects Studied | |
| High School | | | | | | | |
| College | | | | | | | |
| Trade School | | | | | | | |
| Special Licenses | | | | | | | |
| | Do you have? | Yes | No | If you checked no, would you be willing to obtain specific licensing, if required? | | | |
| Valid Drivers License | | | | What Class? | | | |
| OSHA10 Card | | | | | | | |
| DOT Card | | | | | | | |
| Hoisting/hydraulics license | | | | | | | |
| Other? | | | | | | | |

Former Employment

| Dates Worked | Name | Address | Phone Number | Salary | Position | Reason for Leaving |
|--------------|------|---------|--------------|--------|----------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

References

| Name | Address | Phone Number | Business | Relationship | Years Known |
|------|---------|--------------|----------|--------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This wavier does no permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws. I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically results in disqualification from employment."

| n compliance with federa | I law, all persons hired will | be required to verify identity | y and eligibility to wo | ork in the United State | es and to complete the |
|--------------------------|-------------------------------|--------------------------------|-------------------------|-------------------------|------------------------|
| required employment elig | ibility verification documer | nt upon hire. | | | |

Date

Signature