

Randy Kinder Excavating, Inc.

EMPLOYMENT APPLICATION

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date _____

PERSONAL

Name: _____
 Last First Middle Maiden

Social Security Number: _____ Date of Birth _____

Present Address _____
 Number Street City State Zip

Home Telephone # _____ Cell Phone # _____

When can you start? _____

Can you travel for work if your job requires it? _____

Have you ever been convicted of a crime? _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Education

Name of School Number of years Completed Major

High School: _____

College: _____

Business/Trade School: _____

Military

Were you ever in the U.S. Armed Forces? _____

Are you a member of the National Guard? _____

Branch of Service _____ Date From _____ To _____

Do you have a Drivers' License? (Circle one) Yes No

Driver's License Number _____ State of Issue _____ Expiration date _____

Operator _____ CDL _____

Have you had any accidents during the past three years? _____ If so, how many? _____

Have you had any moving violations during the past three years? _____ If so, how many? _____

References

Other than previous employers or relatives.

Name _____

Address _____

City and State _____

Phone# _____

Name _____

Address _____

City and State _____

Phone# _____

Record of Previous Employment

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer _____

Address _____

City, State, Zip Code _____

Phone Number _____

Dates employed _____

Reason for leaving _____

Employer _____

Address _____

City, State, Zip Code _____

Phone Number _____

Dates employed _____

Reason for leaving _____

Employer _____
Address _____
City, State, Zip Code _____
Phone Number _____
Dates employed _____
Reason for leaving _____

Employer _____
Address _____
City, State, Zip Code _____
Phone Number _____
Dates employed _____
Reason for leaving _____

Equipment

List type of equipment qualified/rated to operate and wages received.

Type of equipment _____
Length of time operated _____
Wages _____

Type of equipment _____
Length of time operated _____
Wages _____

Signature: _____