



# Employment Application

\*Applicants may be tested for illegal drugs.

Date \_\_\_\_\_

## Personal

Name: \_\_\_\_\_

Last

First

Middle

Maiden

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Driver's 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? \_\_\_\_\_

## Education

Name of School

Number of Years Completed

Major

High School: \_\_\_\_\_

College: \_\_\_\_\_

Business/Trade School: \_\_\_\_\_

**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 \_\_\_\_\_

**References**

Other than previous employers or relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

City and State \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

**Military**

Were you ever in the U.S. Armed Forces? \_\_\_\_\_

Are you a member of the National Guard? \_\_\_\_\_

Branch of Service \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

**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:** \_\_\_\_\_

Return completed application to [apply@rkecontractors.com](mailto:apply@rkecontractors.com)