## **Clark and Sons Contracting Corporation**

## **Job Application Form**

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

POSITION APPLIED FOR:	<b>DATE:</b>
PERSONAL INFORMATION:	
Name	
Street Address	
City, State, Zip Code	
Phone Number	
()	_
Are you eligible to work in the United States?	
Yes No	
If you are under age 18, do you have an employn	nent/age certificates?
Yes No	
Have you been convicted of or pleaded no contes	t to a felony within the last seven years?
Yes No	
If yes, please explain:	
Days/Hours Available	
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Hours Available: from to	

What date are you a	vailable to start wo	ork?		
If hired, would you	have a reliable mea	ans of transpo	tation to and from work?	
Are you able to per or without reasonab			e job for which you are applying, either	with
If no, describe the f	unctions that canno	t be performe	d.	
	loyees to perform esser		ommodation measures that may be necessary for ire may be subject to passing a medical examin	
<b>EDUCATION:</b>				
Name and Address	of School - Degree	/Diploma		
Skills and Qualifica	tions: Licenses, Sk	ills, Training,	Awards	
MACHINERY EX	PERIENCE AND	TRAINING	<u> </u>	
Scraper:	Yes	No	Years of Experience	
What type of Exper	ience:			
Skip Loader:	Yes	No	Years of Experience	_
What type of Exper	ience:			
			Years of Experience	

What type of Exp	erience:			
Loader:	Yes		No	Years of Experience
What type of Exp	erience:			
Blade:	Yes		No	Years of Experience
What type of Exp	erience:			
Dozer:	Yes		_No	Years of Experience
What type of Exp	erience:			
Grade Checker: _		_Yes		No Years of Experience
What type of Exp	erience:			
EMPLOYMENT	T HISTOR	Y:		
Present Or Last P	osition:			
Employer:				
Address:				
Supervisor:				
Phone:				
Email:				
Position Title:				
From:	To:			
Responsibilities:				
Reason for Leavin	ng:			

## **Previous Position:** Present Or Last Position: Employer: Address: Supervisor: \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Position Title: From: \_\_\_\_\_ To: \_\_\_\_ Responsibilities: Reason for Leaving: **Previous Position:** Present Or Last Position: Employer: Address: Supervisor: Phone: Email: \_\_\_\_\_ Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Responsibilities: Reason for Leaving: May We Contact Your Present Employer? Yes \_\_\_ No \_\_\_\_

Business References (3):				
Name/Title Address Phone				
(Initials) I haraby corr	tify that I have not knowingly withheld any information that might			
adversely affect my chances correct to the best of my knot personally completed this application or on	for employment and that the answers given by me are true and owledge. I further certify that I, the undersigned applicant, have oplication. I understand that any omission or misstatement of material any document used to secure employment shall be grounds for or for immediate discharge if I am employed, regardless of the time			
education and other matters above. I further, authorize the letters, reports and other info of such disclosure. In additional persons, corporations, partners	horize to thoroughly investigate my references, work record, related to my suitability for employment unless otherwise specified he references I have listed to disclose to the company any and all formation related to my work records, without giving me prior notice on, I hereby release the Company, my former employers and all other erships and associations from any and all claims, demands or any way related to such investigation or disclosure.			
interview which may be gran employment contract between am employed, my employment at any time, with or without no promises or representation	that nothing contained in the application, or conveyed during any need or during my employment, if hired, is intended to create an en me and the Company. In addition, I understand and agree that if I ent is for no definite or determinable period and may be terminated prior notice, at the option of either myself or the Company, and that ns contrary to the foregoing are binding on the company unless by me and the Company's designated representative.			
	ce with federal law, all persons hired will be required to verify ork in the United States and to complete the required employment ment form upon hire			
Date	Applicant's Signature			