



CASTLEROCK EXCAVATING APPLICATION FOR EMPLOYMENT

Castlerock Excavating is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If **yes**, please provide company names and details: _____

Have you been convicted of a felony? Yes No (Please note, felony convictions alone will not preclude you from employment)

If **yes**, please explain: _____

Can you work any shift? Yes No **If no**, please explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Position desired _____

Hourly rate/Salary desired _____

Are you currently employed? Yes No

If **yes**, may we contact your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before? Yes No

If **yes**, please explain: _____

Do you know anyone who works for our company? Yes No **If yes**, who? _____

EDUCATION	Name & Location of School	# of Yrs. Attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY

Include your employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Current (Most Recent) Employer Name: _____

Phone: _____ Immediate Supervisor & Title: _____

Address: _____

Position Held: _____ From: _____ To: _____

Summarize the Nature of Work Performed & Job Responsibilities:

Reason for Leaving: _____

Previous Employer Name: _____

Phone: _____ Immediate Supervisor & Title: _____

Address: _____

Position Held: _____ From: _____ To: _____

Summarize the Nature of Work Performed & Job Responsibilities:

Reason for Leaving: _____

Previous Employer Name: _____

Phone: _____ Immediate Supervisor & Title: _____

Address: _____

Position Held: _____ From: _____ To: _____

Summarize the Nature of Work Performed & Job Responsibilities:

Reason for Leaving: _____

Previous Employer Name: _____
 Phone: _____ Immediate Supervisor & Title: _____
 Address: _____
 Position Held: _____ From: _____ To: _____
 Summarize the Nature of Work Performed & Job Responsibilities:

 Reason for Leaving: _____

Do you have a CDL? Yes No Endorsements / Restrictions: _____

Do you have any other special skills, experience, and/or training that would enhance your ability to perform the position applied for?

If yes, please explain: _____

REFERENCES

Please list two people, not related to you, whom you have known at least three (3) years.

NAME	PHONE	RELATIONSHIP	YEARS ACQUAINTED

DISCLAIMER AND SIGNATURE

I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I AGREE TO CONFORM TO THE COMPANY'S RULES AND DRUG-FREE POLICIES, and I understand that my employment and compensation may be terminated without cause or notice at any time, at the discretion of either party.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than an owner, and then only when in writing and signed by an owner, has any authority to enter any agreement for any specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____