

EMPLOYMENT APPLICATION

Equal Opportunity Employer | Drug-Free Workplace | E-Verify Participant



| | | | | |
|---------|------------------|-------------------|------------------------|---------------|
| | APPLICATION DATE | | | |
| NAME | LAST | FIRST | MIDDLE | DATE OF BIRTH |
| ADDRESS | STREET | CITY | STATE | ZIP |
| | PHONE NUMBER | CELL PHONE NUMBER | SOCIAL SECURITY NUMBER | |

ONLY U. S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U. S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTAION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES: YES NO

HAVE YOU EVER WORKED FOR US BEFORE? YES NO IF YES, WHEN? _____

HAVE YOU EVER APPLIED FOR A JOB WITH T.W. PHILLIPS GRADING, INC. BEFORE? YES NO IF YES, WHEN? _____

HOW DID YOU HEAR ABOUT US? _____

LABORER POSITIONS REQUIRE ABILITY TO LIFT AND CARRY 75 LBS ON A REGULAR BASIS, ARE YOU ABLE TO DO SO? YES NO

OPERATORS MUST ALSO PERFORM MANUAL LABOR AS NECESSARY TO COMPLETE JOBS, ARE YOU WILLING TO DO SO? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO IF YES, DRIVERS LICENSE NUMBER _____

NUMBER OF MOVING VIOLATIONS IN THE LAST 3 YEARS _____ EXPIRATION DATE _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, GIVE DETAILS & DATES _____

* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for the job-related purposes only, and only to the extent permitted by applicable law.

EMPLOYMENT HISTORY

| | | | | |
|--------------------------|---------------------|--------------|------------|-----|
| CURRENT OR LAST EMPLOYER | NAME | PHONE NUMBER | FAX NUMBER | |
| | STREET | CITY | STATE | ZIP |
| | POSITION HELD | FROM | TO | |
| | REASONS FOR LEAVING | | | |
| SECOND LAST EMPLOYER | NAME | PHONE NUMBER | FAX NUMBER | |
| | STREET | CITY | STATE | ZIP |
| | POSITION HELD | FROM | TO | |
| | REASONS FOR LEAVING | | | |
| THIRD LAST EMPLOYER | NAME | PHONE NUMBER | FAX NUMBER | |
| | STREET | CITY | STATE | ZIP |
| | POSITION HELD | FROM | TO | |
| | REASONS FOR LEAVING | | | |

SKILLS / QUALIFICATION

Please list years of experience operating or performing the following functions.

| POSITION | MONTH/YEAR(S) OF EXPERIENCE |
|---------------------------------|-----------------------------|
| Flatbed Truck | |
| Tandem Truck | |
| CDL - Class A | |
| CDL - Class B | |
| Articulated Dump Truck Operator | |
| Compactor Operator | |
| Drill Operator | |
| Dozer Operator | |

| POSITION | MONTH/YEAR(S) OF EXPERIENCE |
|--------------------|-----------------------------|
| Excavator Operator | |
| Loader Operator | |
| Mechanic | |
| Scraper Operator | |
| Surveying & Layout | |
| Foreman | |
| Other: | |

List any other experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate prior military service that you would like considered in connection with your application for employment.

EDUCATION

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DEGREE RECEIVED/SUBJECTS STUDIED |
|--|-----------------------------|----------------|----------------------------------|
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

EMERGENCY CONTACTS / INSTRUCTIONS

| | | |
|---|--------------|------------------------|
| IN CASE OF EMERGENCY CONTACT | _____ | _____ |
| | Name | Relationship |
| | _____ | _____ |
| | Phone Number | Alternate Phone Number |
| Are there any other emergency instructions, circumstances, medical needs, allergic responses or procedures the company should know? | | |
| _____ | | |
| _____ | | |

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employer, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I understand that this application is considered current for 30 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

SIGNATURE X _____

DATE X _____