



PO Box 635
 Goldendale, WA 98620
 509-772-2668

Application for Employment

Date: _____

Personal Information:

Name:	Home Phone:
Address:	Work/Message Phone:
Mailing Address:	Cell Phone:
City, State, Zip:	E-mail Address:

Desired Employment:

Position	Date you can start work	Hourly Wage Desired
Current employment status?		

Education:

	School Name	Years Attended	Graduate/Degree	Subjects Studied
High School				
College				
Trade School				

General:

Special Training:
Special Skills:
Supervisory Skills:

Please answer the following

Yes No

Do you have a valid first aid card?		
Do you have reliable transportation?		
Do you have a valid driver's license?		
Do you have a combination license? List endorsements. _____		
Do you have any DMV-imposed restrictions?		
Can we obtain a copy of your driving record?		

Have you been convicted of driving under the influence of alcohol or a controlled substance in the past seven years?	*	
Have you been convicted and/or forfeited bail in connection with a motor vehicle accident during the past seven years?	*	

***If you marked yes in the boxes starred (*) above, please give citation information below:**

Date: _____ Place: _____ Violation: _____

Disposition of citation?
Court and city where you appeared?
Was your license suspended or revoked?
Describe the circumstances of the citation:

Legal Information

Have you been convicted of a felony or released from prison within the last seven years? Yes ___ No ___ If yes please describe in full below, including dates and locations of convictions.
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Have you worked in the heavy construction field? _____ Yes _____ No

If yes, what type and how many years? _____

What kind of projects have you worked on? _____

Employment History

Name of Present or Last Employer:			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May we contact?	
Name of Supervisor	Title	Phone	
Description of Work			
Average number of hours worked per week			
Reason for Leaving			

Name of Present or Last Employer:			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May we contact?	
Name of Supervisor	Title	Phone	
Description of Work			
Average number of hours worked per week			
Reason for Leaving			

Name of Present or Last Employer:			
Address	City	State	Zip
Start Date	Leave Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May we contact?	
Name of Supervisor	Title	Phone	
Description of Work			
Average number of hours worked per week			
Reason for Leaving			

Personal References

<u>Name</u>	<u>Address/Phone Number</u>	<u>Business</u>	<u>Years Known</u>

Equipment Operator Have you operated any of the following equipment?

1. Excavator, type & size:
2. Backhoe, type & size:
3. Loader, type & size:
4. Dozer, type & size:

Authorization

I certify the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. Further, I understand that if I am hired, my employment will be for no definite period and may be terminated at any time without previous notice.

I give Grade Worx permission to investigate any of the statements contained in this application. I release the company from all liability for any damage that may result from utilization of such information.

If I am hired, I understand that I may be subject to a drug test as a pre-employment requirement and random drug testing during employment.

If hired I agree to comply with Grade Worx rules and safety regulations.

Signature _____ **Date** _____