



provide equal employment opportunity to all qualified applicants without regard to race, color, religion, sex (including pregnancy, childbirth and related medical conditions), national origin, age (40 or over), citizenship, physical or mental disability.

Position Applied for:

Last Name		First Name			MI	Main Contact Phone	Cell Phone?	
Address:		City/State:			Zip:	Yrs.		
<b>If Mobile, Check one of the following:</b>		Downtown	West Mobile	Brookley	Near Prichard	DIP		Other Area:
Who do you live with if the address above is not in your name?					Emergency Phone/ Name		Pager #	
Social Security #					Other Contact Number			

Date

Safety Equipment					
Hard Hat	Yes	No	Safety Glasses	Yes	No
Steel Toe Boots	Yes	No	Leather Gloves	Yes	No
Rubber Steel Toe	Yes	No	Vest	Yes	No

**Have you ever been convicted of a Federal Offense?** Yes No  
Please explain:

Training in the Following:					
Confined Space	Yes	No	Respirator Fit	Yes	No
EMT	Yes	No	Lock Out Tag Out	Yes	No
Haz Mat	Yes	No	Where?		
Other Training					
Other Training					
Other Training					

Have you ever performed the following jobs?					
Roll-Off Truck	Yes	No	Hydroblasting	Yes	No
Forklift	Yes	No	Bobcat	Yes	No
Dry/Wet Vac	Yes	No	Computers	Yes	No
Back Hoe	Yes	No		Yes	No
Lbs you can Lift				Yes	No

**Office Use Only:**


Date of Last Drug Test			
Do you own a vehicle?		Yes	No
Whose name is it in?			
Drivers Lic Number:		CDL?	
If no DL or Suspended, explain why?			
Birth Date (Optional)			
Are you on probation?		Yes	No
If yes, why?			
Officer's Name			
Officer's Number			
Can you pass a drug test today?		Yes	No
Are you afraid of heights?		Yes	No
Are you claustrophobic?		Yes	No
Military Branch of Service:			

OSHA 10 hr Card?		Yes	No	ABC	AGC
CPR	Yes	No	HAZWOP	Yes	No

Education Completed:	
High School Grade Completed:	
Name of High School:	
Years of College Completed:	
Name of College:	
<b>Desired Pay:</b>	<b>Minimum Pay:</b>
When can you NOT work?	

## Temporary Assignments

Temporary Agency	Company Assigned To	Company Supervisor	Supervisor Phone	How Long	Pay

## Current Employment

Company	Date started	Pay
Title	Supervisor	Phone
Key Responsibilities	Reason for Leaving	
<i>Office Use Only:</i>		

## Previous Employment

1

Company	Start	Stop	Pay
Title	Length of Service	Supervisor	Phone
Key Responsibilities	Reason for Leaving		
<i>Office Use Only:</i>			

2

Company	Start	Stop	Pay
Title	Length of Service	Supervisor	Phone
Key Responsibilities	Reason for Leaving		
<i>Office Use Only:</i>			

3

Company	Start	Stop	Pay
Title	Length of Service	Supervisor	Phone
Key Responsibilities	Reason for Leaving		
<i>Office Use Only:</i>			

I certify that the information I provided in this employment application is correct. I understand that, if I have provided false information or omitted requested information, I will not be offered employment. I also understand that, if false information or omission is discovered after I am already employed, it is a ground for immediate discharge

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_