



Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-5.

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Social Security No. _____ - _____ - _____ DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip How long?

Previous Addresses In Last Three (3) Years:

Street Address _____ How Long? _____

City _____ State _____ Zip Code _____ Telephone Number _____

Street Address _____ How Long? _____

City _____ State _____ Zip Code _____ Telephone Number _____

If under 18, please list age _____

Days/hours available to work

When available for work? _____

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Position applied for : _____

Salary desired: _____

How many hours can you work weekly? _____

Telephone #: _____ Full time Part time

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No Type: Operator Commercial (CDL)

DRIVER LICENSES YOU'VE HELD IN THE LAST THREE (3) YEARS	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you had any accidents during the past three years? _____ If yes, list below the date, Nature of accident, injuries.

Have you had any moving violations during the past three years? _____ If yes, list date, Offense, location, type of Vehicle

Have you ever been denied a license, permit or privilege to operate a motor vehicle? [] Yes [] No

Has any license, permit or privilege been suspended or revoked? [] Yes [] No

This company requires all drivers who drive commercial motor vehicles which require a commercial drivers license (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such testing? [] Yes [] No

Check all that you have experience operating:

- _____ automatic transmission _____ two speed rear axle _____ 1 ton truck _____ 4 wheel drive
- _____ manual transmission _____ truck & trailer _____ 2 ton truck _____ Plow truck
- _____ air brakes _____ Dump truck _____ Semi-truck _____ box truck

List any other below:

Production Skills

- _____ Skid Steer _____ Commercial Mower _____ Line trimmer _____ Bed edger
- _____ Chain Saw _____ Sprayer _____ Mini excavator _____ Tree staking

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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APPLICATION FOR EMPLOYMENT

**Work
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

NOTE: ALL PROSPECTIVE DRIVERS MUST PROVIDE EMPLOYMENT HISTORY FOR THE PREVIOUS THREE (3) YEARS.
IN ADDITION, ALL COMMERCIAL DRIVING EXPERIENCE WITHIN THE LAST TEN (10) YEARS MUST BE LISTED.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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City, State, Zip Code Phone number		From To	Start Final
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Anthony DeMarco and Sons Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Anthony DeMarco and Sons Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Anthony DeMarco and Sons Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.