

APPLICATION FOR EMPLOYMENT



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

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|---|-------|--------|--|
| Last Name | First | Middle | Date |
| Street Address | | | Home Telephone () |
| City, State, Zip | | | Business Telephone () |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____ | | | Social Security # |
| Position Desired | | | Pay Expected |
| Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally eligible for employment in the United States? | | | When will you be available to begin work? _____ |
| Other special training or skills (languages, machine operation, etc.) | | | |

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| School | Name and Location of School | Course of Study | No. of Years Completed | Did You Graduate? | Degree or Diploma |
|--------------------------|-----------------------------|-----------------|------------------------|---|-------------------|
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/Trade/Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Elementary | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Membership in Professional or Civic Organizations
(Exclude those which may discuss your race, color religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name

Telephone

()

Address

Employed - (State month and year)
From to

Name of Supervisor

Weekly Pay
Start Last

State Job Title and Describe Your Work

Reason for Leaving

2

Company Name

Telephone

()

Address

Employed - (State month and year)
From to

Name of Supervisor

Weekly Pay
Start Last

State Job Title and Describe Your Work

Reason for Leaving

3

Company Name

Telephone

()

Address

Employed - (State month and year)
From to

Name of Supervisor

Weekly Pay
Start Last

State Job Title and Describe Your Work

Reason for Leaving

4

Company Name

Telephone

()

Address

Employed - (State month and year)
From to

Name of Supervisor

Weekly Pay
Start Last

State Job Title and Describe Your Work

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employee Number(s) Reason

MILITARY

Did you serve in the
U.S. Armed Forces?

☐ Yes

☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

| | | |
|---|-----------------------------------|---|
| Provide dates you attended school: | Elementary From _____ To _____ | Number of dependents including yourself _____ |
| High School From _____ To _____ | College From _____ To _____ | Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (give name and dates) _____ | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | Date of Marriage _____ |
| What was your previous address? _____ | | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | How long at present address? _____ Years |
| | | How long at previous address? _____ Years |
| Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers? _____ | | Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age. |
| Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offences, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full. _____ | | |
| State names of relatives and friends working for us, other than your spouse. _____ | | |
| Have you received Worker's Compensation or Disability income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe. _____ | | |
| Have you physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe limitation. _____ | | |
| Do you have any physical condition which might limit you ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe this condition and how you can perform the job in spite of it. _____ | | |
| Have you had a major illness in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe. _____ | | |
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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

APPLICATION SUPPLEMENT

| QUESTION OR DESCRIPTION | YES/NO | LEVEL OF EXPERIENCE | YEARS EXP. |
|---|---|---|------------|
| Mechanic: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Heavy Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Trucks: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| General Servicing: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Truck Driver: (State Type & Trans.) 10-Wheeler Dump Truck | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Bobtail-6 Wheel Dump Truck | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |

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|--|------------------------------|-----------------------------|
| Are you an A.D.O.T. Qualified Driver? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work in Tucson Summer heat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to accept any work offered within your qualifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drivers License: _____ License # _____ State _____ Class _____ Exp. Date _____ | | |

| MEDICAL HISTORY: have you ever had? | |
|---|--|
| Any working disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lifting restrictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any injury to your back, knees, shoulders, neck or arms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to any of the above, please give details: When: _____ Where: _____ Type of injury or surgery: _____ Attending Physician: _____ | |

| OFFICE USE ONLY: | |
|---|--------------------|
| Signature of employee _____ | Dated _____ 20____ |
| at _____, Arizona. Witness - Name _____ | |
| Title: _____ | |

APPLICATION SUPPLEMENT

*This supplement must be answered completely by all applicants to be considered for employment.
Do you have experience in the following?*

| QUESTION OR DESCRIPTION | YES/NO | LEVEL OF EXPERIENCE | YEARS EXP. |
|---|---|---|------------|
| Main Water Line Placement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Water Service Placement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Asphalt Paving | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Manhole Placement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Conduit - Electrical | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Conduit - Communication | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Concrete Placement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Concrete Finishing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Compaction Techniques | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Compaction Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Carpentry: Forming Structural | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Forming Curbs/Sidewalks | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Rough, Frame, Building | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Welding: Gas Arc Cutting & Burning | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |

APPLICATION SUPPLEMENT FOR OPERATORS

State make and size you have operated in each category.

| QUESTION OR DESCRIPTION | YES/NO | LEVEL OF EXPERIENCE | YEARS EXP. |
|-------------------------|---|---|------------|
| Equipment: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Backhoe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Excavator: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Dozer: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |
| Loader: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Journeyman <input type="checkbox"/> Good <input type="checkbox"/> Some Knowledge | |