



## APPLICATION FOR EMPLOYMENT

Tom's Backhoe Service Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability or status as a Vietnam era or special disabled veteran in accordance with federal law. In addition, Tom's Backhoe Service Inc. complies with applicable state and local laws prohibiting discrimination in employment. Tom's Backhoe Service Inc. also provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. A copy of Tom's Backhoe Service Inc ' Affirmative Action Program (AAP) is available for review upon request.

### APPLICANT: READ AND ENTER YOUR INITIALS BEFORE SUBMITTING THIS APPLICATION.

1. I understand that the information will be used and that prior employers will be contacted for purposes of investigation as required by 301.23, of the Federal Motor Carrier Safety Regulations.
2. Furthermore, in making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, mode of living, or whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation in compliance with Section 606-(A) (1) of the Fair Credit Reporting Act.

Initials:  (by entering your initials, you signify your agreement with the above statements)

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Date:

First Name:  Middle Name:

Last Name:

Address:

City:  State:  ZIP:

Home Phone:  Cell Phone:

E-mail Address:

Position applying for:  Laborer  Operator  Shop  
 Other



Are you legally eligible to work in the United States?  Yes  No

*(Proof of eligibility will be required upon offer of employment.)*

Are you over 18 years of age?  Yes  No

*(If no, you may be required to provide authorization.)*

Can you perform the essential functions of this job with or without reasonable accommodations?  Yes  No

*(If you have any questions about the function of this job, please ask before answering this question.)*

Do you have a valid driver's license?  Yes  No

State:  Number:

Have you ever been convicted of a felony?  Yes  No

*(A conviction will not necessarily disqualify you.)*

If yes, please explain:

Can you travel if the job requires it?  Yes  No

Have you been convicted of any moving violations in the past five years?  Yes  No

*(A conviction will not necessarily disqualify you.)*

## Education and Training

University, College or Vocational Education	Degree/Certificate	Date Awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional and/or Trade Licenses	Issued by:	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



## Work Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status.

Employer:

Address:

Job Title:  Supervisor:

Reason for leaving:

Dates Employed: From:  To:

Salary: Start:  End:

May we contact:  Yes  No

Contact Phone:

Description of work performed:

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Employer:

Address:

Job Title:  Supervisor:

Reason for leaving:

Dates Employed: From:  To:

Salary: Start:  End:

May we contact:  Yes  No



Contact Phone:

Description of work performed:

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Employer:

Address:

Job Title:

Supervisor:

Reason for leaving:

Dates Employed:

From:  To:

Salary:

Start:  End:

May we contact:

Yes  No

Contact Phone:

Description of work performed:



## Special Skills and Qualifications

(Indicate number of years experience in the box next to each skill.)

Personal Computer	<input type="text"/>	General Office Machines/Skills	<input type="text"/>
Microsoft Office	<input type="text"/>	Typing words per minute	<input type="text"/>
Word Processing	<input type="text"/>	10 key/Calculator	<input type="text"/>
Database	<input type="text"/>	Keyboarding/Data entry words per minute	<input type="text"/>
Desktop Publishing	<input type="text"/>	Fax Machine	<input type="text"/>
Microsoft Project	<input type="text"/>		
Accounting Software	<input type="text"/>	Accounting Software Name:	<input type="text"/>
Mainframe Computer	<input type="text"/>	Networking	<input type="text"/>
Operation	<input type="text"/>	Internet	<input type="text"/>
Programming	<input type="text"/>	E-mail	<input type="text"/>
Data Entry	<input type="text"/>	Web site Design	<input type="text"/>
Equipment Operation	<input type="text"/>	Excavator	<input type="text"/>
Dump Truck	<input type="text"/>	Payloader	<input type="text"/>
Dozer	<input type="text"/>	Skid Steer	<input type="text"/>

Are you capable of lifting over 50 lbs on a consistent basis?  Yes  No

Can you safely be outdoors for a length of time?  Yes  No

Can you safely operate a piece of equipment?  Yes  No

List any special skills,  
or specialty equipment you  
can operate:



List any other skills, abilities, or experience you possess that you believe may be relevant to this position:

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## References

Name

Address

Phone Number:

## Certification, Authorization and Agreement

By submitting this application, I hereby certify that all statements made are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statements shall be considered sufficient cause for employment disqualification or discharge from employment. I authorize my current and former employers to provide Tom's Backhoe Service Inc. all available information regarding employment. I authorize all schools, colleges and universities that I have attended to provide Tom's Backhoe Service Inc. all available information regarding my education. I understand that, as a condition of employment, I must provide documentation to Tom's Backhoe Service Inc. within three (3) days after my employment to prove United States citizenship or the right to work in the United States. I authorize Tom's Backhoe Service Inc. to review all driving record information available.

How did you hear about us?

Signature / Date