



APPLICATION FOR EMPLOYMENT

Date Applied _____

PERSONAL	Last Name		First	Middle	Maiden Name
	Street Address				Home Telephone ()
	City, State, Zip				Business Telephone ()
	Drivers License Number		State Issued		Social Security
	Foreign Languages you speak, read, write? Is so, please list.				
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Are you over 18 years of age?
	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 authorized to work in the United States?				When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.				Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
Other special training or skills (languages, machine operation, etc.)					

EDUCATION	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	

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

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.

FOR EMPLOYER'S USE ONLY

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

Employer Number(s) _____ Reason _____

ONLY FILL OUT THIS SECTION IF YOU ARE APPLYING FOR A FIELD POSITION.

Job Duties Applicable To Field Positions:

Individuals performing work as laborers, pipe layers, operators and other field positions for Reeves Contracting Company, or individuals supervising such work, must be able to engage in the following activities as essential functions of their job.

Are you able to perform the following job related activities?

- 1.) Visually and audibly understand and perceive safety commands. Yes No
- 2.) Understand hazardous communication information and safety information. Yes No
- 3.) Wear proper safety equipment. Yes No
- 4.) Stand for significant periods of time. Yes No
- 5.) Bend, stoop and reach overhead on a regular basis. Yes No
- 6.) Access and egress safely into, onto, and out of excavations, equipment cabs, vertical forms. Yes No
- 7.) Climb onto and off of ladders, scaffolding, etc. Yes No
- 8.) Use safety appliances such as positioning hooks, lanyards, etc. Yes No
- 9.) Have the ability to grip, grasp and twist control levers; hand and power tools. Yes No
- 10.) Routinely lift and carry materials, equipment and/or tools weighing less than 20 lbs. Yes No
- 11.) Occasionally lift and carry materials, equipment and/or tools weighing more than 20 lbs. Yes No
- 12.) Interpret standard measurements using levels, tape measures, load indicators in order to determine correct cuts, lifting angles and other field measurements. Yes No

If you answer no to any question please explain your answer: _____

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REFERENCE CHECK	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULTS	Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW	Interviewer Name and Comments

SIGNATURE

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement.

Date Signature