



**Bloomsdale Excavating is an
Equal Opportunity Employer.**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, ancestry, amnesty, or status as a Vietnam-era or special disabled veteran, or any other characteristic protected by law but only to the extent protected by applicable law.

APPLICATION FOR EMPLOYMENT

Position Applied For: _____ **Date of Application:** _____

PERSONAL INFORMATION			
Name: _____ <small>(First) (Middle) (Last)</small>	Cell Phone: _____		
Home Address: _____ <small>(Street) (Apt. #)</small>	E-Mail Address: _____		
_____ <small>(City) (State) (Zip)</small>	Are you Union-affiliated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you 18 years of age or older and able to provide proof? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you willing to work overtime, if applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	What date are you available to begin work? _____		
Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>			
MANDATORY DRUG SCREENING			
Final candidates are required to undergo a post-offer pre-employment drug-screening test. Do you agree to take such a test? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EDUCATION AND SPECIAL SKILLS			
Describe any specialized training, skills, including military experience, which may be useful in performing this job – please include documentation of all training:			
OSHA Training / Date Trained: <input type="checkbox"/> 10 Hour – _____ <input type="checkbox"/> 30 Hour – _____		MSHA Training / Date Trained: <input type="checkbox"/> Part 46 – _____ <input type="checkbox"/> Part 48 – _____	
High School / College / University Name	City, State	Years Completed	Diploma / Degree
REFERENCES			
Please list the names and telephone numbers of at least one or more individuals whom we may contact as work or personal references. Omit relatives.			
Name:	Phone:	Years Known:	
Name:	Phone:	Years Known:	
Name:	Phone:	Years Known:	

(Please Complete Reverse)

Federal law requires reasonable accommodation of the known disabilities of applicants and employees, unless to do so would pose an undue hardship. If you need an accommodation, please let us know.

EMPLOYMENT EXPERIENCE

Start with your present or last job through your last three employers. Please indicate any job-related military service assignments and volunteer activities.

EMPLOYER:	Dates Employed From/To:
Telephone Number:	Hourly Rate/Salary:
Supervisor Name:	
Work Performed:	

Reason for Leaving:

EMPLOYER:	Dates Employed From/To:
Telephone Number:	Hourly Rate/Salary:
Supervisor Name:	
Work Performed:	

Reason for Leaving:

EMPLOYER:	Dates Employed From/To:
Telephone Number:	Hourly Rate/Salary:
Supervisor Name:	
Work Performed:	

Reason for Leaving:

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and understand that any false information, omissions, or misrepresentations may result in the rejection of this application or my discharge if discovered after my employment.

I authorize my previous employers and schools to give any information regarding employment or educational records and release them from liability for so doing. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I understand that all offers of employment may be contingent upon satisfactory completion of a background investigation or a reference check. I further understand that I will be required to complete a pre-employment drug test.

I hereby acknowledge that I have read and understand the above statements.

Signature:	Date:
-------------------	--------------