

71 Smith Road Newville, PA 17241 Phone: (717) 530 – 0791 Fax: (717) 776 – 4515

Email: skilesexcavate@comcast.net

## **Employment Application Form** PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE DATE: SKILES EXCAVATING, INC. IS A DRUG FREE WORKPLACE. LAST, FIRST, MIDDLE Present Address and Contact Information City State Address Zip How Long at this address? \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ Telephone ( )\_\_\_\_\_ Cell Phone ( )\_\_\_\_\_ **Emergency Contact Information** Name\_\_\_\_\_ Phone# ( )\_\_\_\_\_ If under 18, please list age \_\_\_\_\_ Position applying for \_\_\_\_\_\_ Salary desired Days/hours available to work (Be specific) No preference \_\_\_\_\_ Mon\_\_\_\_\_Tues\_\_\_\_Wed\_\_\_\_Thurs\_\_\_\_\_Fri\_\_\_ Sat Sun How many hours can you work per week? \_\_\_\_\_ Can you work nights?\_\_\_\_ Employment desired (check one) \_\_\_\_\_FULL TIME ONLY \_\_\_\_PART TIME ONLY When are you available to start? \_\_\_\_\_ 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.

(if more room is needed, please use back of this page)

	TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION
High School			
College			
Bus. or Trade School			
Professional School			
NUMBER OF YEARS (	COMPLETED	MAJOR	& DEGREE
DO YOU HAVE A VAL	.ID DRIVER'S LICENSE?	YesNo	
What is your means	of transportation to w	vork?	
Driver's License #		State of issue	Expiration date
	Commercial (CDL)		
Have you had any ac	cidents during the pas	st three years?	How many?
Have you had any m	oving violations during	g the past three years? _	How many?
Please list two refere	ences other than relat	ives or previous employe	rs:
Name		Name	
Telephone		Telephone	
background. Use the	e space below to sumi	marize any additional info	o adequately summarize a complete ormation necessary to describe your sition for which you are applying.

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.

Name of employer:		
City, State, Zip Code		
Phone Number	<del></del>	
Name of last supervisor		
Employment dates: From		
Pay or salary Start:		
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performe worked at this company.	d, skills used or learned, adv	ancements, or promotions while you
Name of employer:		
Address:		
City, State, Zip Code		
Phone Number		·
Name of last supervisor		
Employment dates: From	To	
Pay or salary Start:	Final:	
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performe worked at this company.	d, skills used or learned, adv	ancements, or promotions while you
Name of employer:		
Address:		
City, State, Zip Code		
Phone Number		
Name of last supervisor		
Employment dates: From		
Pay or salary Start:	Final:	

Your last job title	
Reason for leaving (be specific)	
List the jobs you held, duties performed, ski worked at this company.	ills used or learned, advancements, or promotions while you
May we contact your present employer: Did you complete this application yourself? If not, who did?	Yes No
What are your construction skills?	
Do you have any weak areas? YES or NO Need improvement on anything? YES or NO If you answered yes to either question, plea	
Do you have any strong areas? YES or NO If yes, please explain below:	
	ne, it will be on a 60-day probationary period. My
employment will be continued. If at any time	upon completion of the 60-day period to determine if my ne during the 60-day probationary period, my performance of Skiles Excavating, then my employment can be
Annlicants Signature	Date signed