

Beck Excavating, Inc.



4581 Chestnut Street
Emmaus, PA 18049
610-928-0052 Office Phone & Fax

APPLICATION FOR EMPLOYMENT

-Equal opportunity employer

PERSONAL INFORMATION

Name: _____ SS# _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Driver License# _____

EMPLOYMENT DESIRED

Position applying for: _____ Date available to start: _____

Salary desired: _____ Are you currently employed? _____

May we contact past and present employers? _____

EDUCATION HISTORY

High School: _____

College: _____

Trade School: _____

FORMER EMPLOYERS:

	<u>Name & Address</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

REFERENCES

	<u>Name & Address</u>	<u>Phone#</u>	<u>Business</u>	<u>Number of years known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OTHER INFORMATION

Do you have a CDL with an updated medical certificate? _____ If so, what class? _____

Do you have a clean driving record? _____

What equipment can you operate efficiently? _____

Can you read blueprints and lay out own jobs? _____

Can you fine grade +/- 1/2 " ? _____

Can you shoot grades, set up lasers and transits? _____

Have you ever been in charge of your own crew from start of job to finish? _____

Details: _____

How many years do you have in commercial excavating? _____ Residential? _____

How many years do you have experience operating heavy equipment? _____

Do you have good self motivation skills? _____

Any additional information: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other related federal and state laws.

Signature: _____ Date: _____