



TRUCKING &
EXCAVATING, LLC

440-934-1008

Employment Application

Equal Opportunity Employer

Personal Information

Today's Date:

Name (Last Name, First Name)		Social Security Number	
Street Address	City	State	Zip Code
Phone Number	Email		

Employment Desired

Position	Date you can start	Wage desired
Are you currently employed?		
Have you ever applied to this company before?		If yes, when?

History of Education

Years Attended

Did you Graduate?

High School		
College		
Business or Trade School		

Prior Employment (most recent first)

From/To (month/year)	Name / Address	Salary	Position	Reason for leaving

Were you referred by anyone at KMU?

Do you hold any special licenses or certifications?

Do you belong to a union? If yes, what union?

CONTINUED ON
THE OTHER SIDE



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References

Name	Company	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation 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".

Print Name _____

Signature _____

Date _____

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with the company, I understand that a motor vehicle record, which contains public record information, may be requested.

I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to my employer's insurance agent, insurance broker, or insurance company.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization to procure such reports at any time during my employment. I understand that such information will be used conjunction with loss control and safety review efforts.

Full Legal Name (include Middle Initial)

State of Issuance

Driver's License Number

Date of Birth

Signature

Date

