

JOB APPLICATION FOR FULLEN'S EXCAVATING LLC

**PERSONAL INFORMATION:**

Full Name \_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number  
(\_\_\_\_) \_\_\_\_\_

How long at this address? \_\_\_\_\_

**Previous Address:**

Street Address  
\_\_\_\_\_

City, Street, State and Zip code  
\_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificate?

Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Position Applied For:**

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What date are you available to start work?

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**Experience and Qualifications- Operator**

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**Experience and Qualifications –Driver**

Driver Licenses	State	License No.	Type	Expiration Date

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates From To	Approx No. of Miles (Total)
Straight Truck			
Tractor and Semi			
Tractor – Two Trailer			

Other			
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**Accident Record For Past 3 Years or More (Attach Sheet IF more Space Is Needed)**

Dates	Nature of Accident (Head-on, Rear-end, upset, Eyc	Injury/ Fatality
Last _____ Next Prev _____ Next Prev _____		

**Traffic Convictions and Forfeitures For The Past 3 Years (other than parking violations)**

Location	Date	Charge	Penalty

**EDUCATION:**

Name and Address Of School - Degree/Diploma - Graduation Date

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**Skills and Qualifications: Licenses, Skills, Training, Awards**

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**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

References:

Name/Title Address Phone

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature\_\_\_\_\_

Date\_\_\_\_\_