

APPLICATION FOR EMPLOYMENT

Cazier Excavating Inc.
132 West 13490 South
Draper, UT 84020

OFFICE USE ONLY

DATE: _____

TIME: _____ AM / PM

POSITION APPLYING FOR: _____

HOW WERE YOU REFERRED TO OUR COMPANY?

PERSONAL INFORMATION

FULL NAME: _____

IF YOU HAVE EVER WORKED UNDER ANY OTHER NAMES, PLEASE LIST BELOW:

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____ D.O.B: ____ / ____ / ____

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES NO

AVAILABILITY FOR WORK: FULL TIME PART TIME DAYS ONLY EVENINGS ONLY

ARE YOU CURRENTLY EMPLOYED? YES NO FULL TIME PART TIME

DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES?

YES NO

IF YES, CAN YOU PROVIDE AUTHENTIC LEGAL DOCUMENTATION? YES NO

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION THAT WOULD PREVENT YOU FROM SAFELY DOING THE WORK WHICH YOU ARE APPLYING FOR?

YES NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST FIVE (5) YEARS? YES NO

HAVE YOU EVER BEEN EMPLOYED BY CAZIER EXCAVATING? YES NO

IF YES, WHEN? _____ POSITION HELD: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING _____

REFERENCES

PLEASE LIST THREE (3) REFERENCES THAT WE MAY CONTACT WHO ARE NOT RELATED TO YOU AND HAVE KNOWLEDGE OF YOUR PROFESSIONAL ABILITIES.

1) Name : _____ Phone : _____

2) Name : _____ Phone : _____

3) Name : _____ Phone : _____

EMPLOYMENT HISTORY

PLEASE LIST IN ORDER OF MOST RECENT AND ACCOUNT FOR ALL PERIODS OF WORK AND UNEMPLOYMENT.

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____

MAY WE CONTACT? YES NO

POSITION(S) HELD: _____

STARTING SALARY: _____

ENDING SALARY: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: QUIT TERMINATED/DISCHARGED LAID OFF

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____

MAY WE CONTACT? YES NO

POSITION(S) HELD: _____

STARTING SALARY: _____

ENDING SALARY: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: QUIT TERMINATED/DISCHARGED LAID OFF

**DRIVING HISTORY – REQUIRED FOR ALL APPLICANTS
EXPERIENCE AND QUALIFICATIONS**

STATE ISSUED LICENSE NUMBER LICENSE TYPE / CLASS

**ACCIDENT RECORD
REQUIRED FOR THE PAST 3 YEARS ONLY**

DATE OF ACCIDENT: _____

PLEASE DESCRIBE WHAT HAPPENED:

DATE OF ACCIDENT: _____

PLEASE DESCRIBE WHAT HAPPENED:

DATE OF ACCIDENT: _____

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