



Employment Application We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or veteran or marital status.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I. _____ Date: ____/____/____

Street Address: _____ Apartment/Unit#: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail Address: _____

Best way to contact you? PHONE TEXT EMAIL

Date Available to Start? ____/____/____ SS#: _____ Desired Salary?: _____

Positions Applied for: **Check all that apply**

- Pipe Foreman Dirt/Clearing Crew Foreman
 - Excavator Operator (Pipe Crew) Excavator Operator (Dirt & Clearing Crew)
 - Loader Operator (Pipe Crew) Dozer Operator (Dirt & Clearing Crew)
 - Pipe Layer/Tailman Loader, Roller, Off-road Truck Operator
 - Laborer (Entry-level) Motor Grader Operator
 - Superintendent (All types of work)
1. Are you a citizen of the US? YES NO If no, are you authorized to work in the U.S.? YES NO
 2. Have you ever worked for this company? YES NO
If yes, when? _____
 3. Have you ever been convicted of a felony? YES NO
If yes, explain. _____
 4. Are you related to anyone that works here? YES NO
If yes, who? _____
 5. Were you referred by anyone who works here? YES NO
If yes, who? _____
 6. Are you 18 years of age or older? YES NO
 7. Do you have a valid drivers license? YES NO
- Drivers license#: _____ State issued: _____



In Case of emergency, please notify: _____ Emergency Contact Phone#: _____

EDUCATION:

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES NO

Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES NO

Degree: _____

REFERENCES: PLEASE LIST THREE PROFESSIONAL REFERENCES.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT:

Company: _____ Phone: _____ May we contact: YES NO

From(MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ Reason for leaving: _____

Company: _____ Phone: _____ May we contact: YES NO

From(MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ Reason for leaving: _____

Company: _____ Phone: _____ May we contact: YES NO

From(MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ Reason for leaving: _____

MILITARY SERVICE:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EXPERIENCE & SKILLS

PLEASE LIST ANY SKILLS OR EXPERIENCE YOU HAVE THAT IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

LIST ADDITIONAL TRAINING YOU HAVE RECEIVED OR CERTIFICATIONS YOU HAVE

DISCLAIMER AND SIGNATURE

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period.

I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President 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.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I will be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read and understand everything above.

Signature: _____

Date: ____/____/____



3rd Party Consent Form

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

Address _____
(Street Address) (City) (State) (Zip)

Date of Birth _____ Telephone Number _____
(MM/DD/YYYY)

Drivers License Number _____

I hereby authorize VALLENCOURT CONSTRUCTION CO., INC. and Cecil W. Powell & Company
(Employer) (Insurance Agency)

to obtain my driver's license record information including my personal information on those records.

(Signature)

(Date)

