



# Keystone Excavators, Inc.

## EMPLOYMENT APPLICATION

Please be advised that Keystone Excavators is an **Equal Employment Opportunity Employer**.

**POSITION APPLIED FOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

How did you hear about us?

- Advertisement                       Friend                       Inquiry  
 Employment Agency                       Relative                       Other

**APPLICANT DATA** PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Date available to start work: \_\_\_\_\_ Start Date: \_\_\_ / \_\_\_ / \_\_\_

Do you have any physical Limitations that preclude you from performing any work for which you are being considered?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what can be done to Accommodate your limitations? \_\_\_\_\_

### **EDUCATION**

School	Name of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other				

# Employment Application

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>Company Name</b>		<b>Dates Employed</b>	<b>From:</b>	<b>To:</b>
Address		Last Salary:		
		Job Title / Describe job duties:		
Telephone:				
Supervisor Name & Title:				
May We Contact:		Reason for Leaving:		
<b>Company Name</b>		<b>Dates Employed</b>	<b>From:</b>	<b>To:</b>
Address		Last Salary:		
		Job Title / Describe job duties:		
Telephone:				
Supervisor Name & Title:				
May We Contact:		Reason for Leaving:		
<b>Company Name</b>		<b>Dates Employed</b>	<b>From:</b>	<b>To:</b>
Address		Last Salary:		
		Job Title / Describe job duties:		
Telephone:				
Supervisor Name & Title:				

**Please list your area of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mentioned position:**

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# Employment Application

## **ACKNOWLEDGEMENT AND AGREEMENT**

By signing this document, I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by application law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_