

Questions for SNOW REMOVAL applicants:

Do you have any **COMMERCIAL** snow removal experience? **YES NO**

This position starts as low as \$9.25 per hour, based on level of experience. Are you willing to accept that amount for starting pay? **YES NO**

Are you able to lift and/or carry 50 lbs without difficulty? **YES NO**

Are you able to sit for long periods or stand and walk all day without difficulty? **YES NO**

The scheduled work hours for this position will vary depending on weather conditions. Are you willing and able to work long, erratic hours? **YES NO**

Do you have any felonies? **YES NO (You will NOT be considered for employment if you fail to disclose any felony)**

If yes, please give charge and date of conviction for each: _____

IMPORTANT NOTICE: This position requires that you have a valid Class E license

Do you have a valid **CLASS E** driver license? **YES NO (If you do not, you are not eligible for hire in this position.)**

Are your driving privileges currently revoked or suspended? **YES NO**

If you have a valid license, we need to have your license number and date of birth so we can check your MVR prior to extending a job offer. May we have that information now?

State of issue: _____ License #: _____ DOB: _____ Exp Date: _____

Are you available for an immediate drug screen? **YES NO**

~~~~~(FOR INTERNAL USE ONLY \*\*\* DO NOT WRITE BELOW THIS LINE)~~~~~

RESULTS OF DRIVING RECORD CHECK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESULTS OF CRIMINAL RECORDS CHECK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

We appreciate your applying for employment with our company. The Company is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status, pregnancy, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Please complete this application thoroughly, legibly and in its entirety.

## GENERAL INFORMATION

NAME \_\_\_\_\_ Date \_\_\_\_\_  
 First Middle Last

ADDRESS \_\_\_\_\_  
 Street City State Zip Code

TELEPHONE # (\_\_\_\_)-\_\_\_\_\_ Social Security # \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Type of employment you are applying:  Full-Time  Part-Time (30 hours or less a week)  Temporary

Availability:  Days  Nights  Overtime  Split Shifts  Holidays  Anytime

Salary Desired \$ \_\_\_\_\_ hour/month/year (circle one)

Have you ever completed an application for our company.?  
 Yes  No. If Yes, please give approximate date \_\_\_\_\_

Have you ever been employed with us.?  
 Yes  No. If Yes, please give dates \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

How were you referred to our Company?  
 Employment Agency: Give name, contact person and phone number: \_\_\_\_\_  
 Newspaper Advertisement: \_\_\_\_\_  School Placement Office: Name: \_\_\_\_\_  
 Employee Referral: Name: \_\_\_\_\_  Other: Please explain: \_\_\_\_\_

## EDUCATION

Number of Years Completed:  Less than 8  8 to 12  12  13  14  15  16 or more

|                  | Name | Degree Received | Course Work |
|------------------|------|-----------------|-------------|
| High School      |      |                 |             |
| Trade School (s) |      |                 |             |
| College (s)      |      |                 |             |

## ABILITY TO PERFORM JOB FUNCTIONS

Are you able to perform without accommodation all of the essential functions of the job for which you are applying?  Yes  No

If no, what accommodations would enable you to perform all of the job functions? \_\_\_\_\_

**OFFICE SKILLS**

|                                      |                        |                                                                                 |                                                                       |
|--------------------------------------|------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Typing<br>Wpm _____                  | Shorthand<br>wpm _____ | Calculator By Touch<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Data Entry<br><input type="checkbox"/> Yes <input type="checkbox"/> N |
| Word Processing: List programs _____ |                        |                                                                                 |                                                                       |
| Other Software: List programs _____  |                        |                                                                                 |                                                                       |

**OTHER**

Are you currently in the military? \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No If no, explain \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_

**EMPLOYMENT DATA**

Beginning with your most recent employment, please list and present employment for the past ten years, or last four employers. **Please complete this section even if you have a resume.** Please account for any periods of unemployment.

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| EMPLOYER _____                                 | WORK PERFORMED _____                                                    |
| STREET ADDRESS _____                           | _____                                                                   |
| CITY _____ STATE _____ ZIP _____               | REASON FOR LEAVING _____                                                |
| TELEPHONE _____ JOB TITLE _____                | _____                                                                   |
| SUPERVISOR'S NAME/TITLE _____                  | MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATES EMPLOYED: FROM: _____ TO: _____          | IF NO, EXPLAIN _____                                                    |
| SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR | _____                                                                   |
| ENDING: \$ _____ PER HOUR/MONTH/YEAR           | _____                                                                   |

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| EMPLOYER _____                                 | WORK PERFORMED _____                                                    |
| STREET ADDRESS _____                           | _____                                                                   |
| CITY _____ STATE _____ ZIP _____               | REASON FOR LEAVING _____                                                |
| TELEPHONE _____ JOB TITLE _____                | _____                                                                   |
| SUPERVISOR'S NAME/TITLE _____                  | MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATES EMPLOYED: FROM: _____ TO: _____          | IF NO, EXPLAIN _____                                                    |
| SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR | _____                                                                   |
| ENDING: \$ _____ PER HOUR/MONTH/YEAR           | _____                                                                   |

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| EMPLOYER _____                                 | WORK PERFORMED _____                                                    |
| STREET ADDRESS _____                           | _____                                                                   |
| CITY _____ STATE _____ ZIP _____               | REASON FOR LEAVING _____                                                |
| TELEPHONE _____ JOB TITLE _____                | _____                                                                   |
| SUPERVISOR'S NAME/TITLE _____                  | MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATES EMPLOYED: FROM: _____ TO: _____          | IF NO, EXPLAIN _____                                                    |
| SALARY: STARTING: \$ _____ PER HOUR/MONTH/YEAR | _____                                                                   |
| ENDING: \$ _____ PER HOUR/MONTH/YEAR           | _____                                                                   |

Our company is very interested in its people and the work environment. Before initiating the employment relationship, we require the following authorizations in order to properly evaluate your application.

1. I understand that if I am employed by the Company, the Company or I may terminate the employment relationship at will at any time with or without cause. Likewise, I understand that the Company may make decisions about any and all of the terms and conditions of my employment (e.g., pay, promotions, demotions, discipline, etc.) at its will in its management discretion with or without cause and that I am free to end the employment relationship at my will if I am dissatisfied with any such decision. Statement of the “at-will” employment relationship is the complete agreement on this subject and I agree that it cannot be modified except by a written document signed by the President of the Company.

2. Though management tries to accommodate individual needs, business conditions may at times require me to work outside regular work hours, on Saturday, Sunday and/or holidays. I understand and accept these conditions of my continuing employment.

3. I understand that consideration for employment is contingent upon the results of a reference and background check. I therefore authorize the company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I also authorize the Company to contact those employers listed above for which I checked “yes” to the “may we contact” question. I give my consent for such employers to release or disclose any information contained in my personnel file of such employers and to respond to any questions pertaining to the information supplied to this application. I hereby release those employers from any liability and any claim or cause of action for their actions in releasing or disclosing such information and in responding to such questions.

4. I understand that the federal law requires me to show proof of my identity and authorization to work in the United States within three days of hire. Or if only to be employed less than three days at time of hire.

I hereby acknowledge that I have read the above statements and understand them. I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any misrepresentations, inaccuracies or omissions called for herein, regardless of when discovered, will result in my disqualification from consideration of employment, or may result in dismissal from the Company’s service if I have been employed.

Signature \_\_\_\_\_

Date \_\_\_\_\_