

A-1 Excavating, Inc.
PO Box 90, Bloomer, WI 54724
Phone: 715/568-4141 Fax: 715/568-4144

EMPLOYMENT APPLICATION

A-1 Excavating, Inc. is an Equal Opportunity Employer and considers Applicants for all Positions without regard to Race, Color, Religion, Creed, Gender, National Origin, Age, Sexual Orientation, Disability, Marital or Veteran Status or Any Other Status Protected under Local, State or Federal Laws.				
Position(s) Applied For:			Date of Application:	
How did you learn about us? Newspaper Advertisement Internet A-1 Employee Other Please list name of paper, website, employee or other source:				
Last Name:		First Name:		Middle Initial:
Street Address:	Unit #:	City:	State:	Zip:
Home Phone:		Cell:	Social Security Number(voluntary) and other name(s) records might be listed under	
E-mail:			Best Time to Reach You:	

- Are you legally eligible to work in the United States: Yes No
(Proof of eligibility will be required upon offer of employment)
- Are you over 18 years of age? Yes No
(If no, you will be required to provide authorization)
- Are you presently in the Laborer's or Operator's Union Yes No
- Can you perform the essential functions of this job with or without reasonable accommodations?
(If you have any questions about the functions of this job, please ask the interviewer before answering this question.) Yes No
- Have you ever filed an application with us before: Yes No
 If yes, give date(s): _____
- Have you ever been employed with us before? Yes No
 If yes, give date(s): _____
- Are you related to anyone employed by us? Yes No
 If yes, state name and relationship _____

Date Available for Work:	Desired Salary Range:
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Desired Status: Full Time Part Time Temporary/Internship

Days and Hours Available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

- Are you currently employed? Yes No
 May we contact your present employer? Yes No

Are you on "lay-off" status and subject to recall?

Yes

No

Can you travel if the job requires it?

Yes

No

Do you have a valid driver's license?

Yes

No

If yes, please provide number: _____

If this is a CDL please provide class(es) and endorsements: _____

Have you ever been fired from or asked to resign from a job?

Yes

No

If yes, please explain: _____

(Answering yes will not necessarily disqualify you.)

EDUCATION

School	Name & Town of School	Course of Study	#of Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate/Other				

Please Describe any Specialized Training, Apprenticeships, Licenses or Skills, Including Computer Skills

Any Job-Related training in the United States Military if any: Please give dates and explanations below.

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, sexual orientation, disabilities or other protected status. Please attach another page if needed.

1. Dates Employed: From:	To:	WORK PERFORMED(Use this entire column if necessary)	
Employer Name and Address:			
Telephone Number(s)			
Job Title:			
Supervisor:			
Reason for Leaving:			
Salary: Start:	Finish:	May we contact? ____ Yes ____ No	
2. Dates Employed: From:	To:	WORK PERFORMED(Use this entire column if necessary)	
Employer Name and Address:			
Telephone Number(s)			
Job Title:			
Supervisor:			
Reason for Leaving:			
Salary: Start:	Finish:	May we contact? ____ Yes ____ No	
3. Dates Employed: From:		To:	WORK PERFORMED(Use this entire column if necessary)
Employer Name and Address:			
Telephone Number(s)			
Job Title:			
Supervisor:			
Reason for Leaving:			
Salary: Start:	Finish:	May we contact? ____ Yes ____ No	

EMPLOYEE INFORMATION UPDATE FORM

Please Fill Out the Information that Applies to You. If Information Does Not Apply, Write "N/A"

FULL NAME: _____

DATE OF BIRTH: _____ APPROX. DATE OF HIRE: _____

SOCIAL SECURITY NUMBER: _____ NATIONALITY: _____

DRIVER'S LICENSE NUMBER: _____

VETERAN: YES NO

ADDRESS _____

PHONE NO. _____ CELL NO. _____

EMAIL ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____
RELATIONSHIP: _____
PHONE NO. : _____

ALTERNATE CONTACT AND NUMBER: _____
RELATIONSHIP: _____