



## Application for Employment

Liberty Excavators, Inc. is an Equal Opportunity Employer. All applicants will be considered without regard to race, color, religion, gender, age, national origin, marital or veteran status or any other characteristics protected by Local, State or Federal Law.

### Personal Information

Last: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Date: <input type="text"/>
Address: <input type="text"/>			Home Phone No.: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	Cell Phone No.: <input type="text"/>
E-Mail Address: <input type="text"/>			

Are you 18 years or older?  Yes  No

Are you authorized to work in the United States?  Yes  No

Type of employment desired:  Full Time  Part Time  Summer

If necessary, will you work overtime and/or Saturdays  Yes  No

Do you have a valid Drivers License?  Yes  No

Have you been convicted, plead guilty, or plead no contest to a felony?  Yes  No

If yes, please give details. Conviction will not necessarily disqualify an applicant for employment.

### Employment Desired

Position desired:  Date available to start:

Have you previously been employed by our company?  Yes  No When?

How did you hear about Liberty Excavators, Inc?

<input type="checkbox"/> Newspaper	Name of newspaper: <input type="text"/>
<input type="checkbox"/> Radio	Radio station: <input type="text"/>
<input type="checkbox"/> Billboard	Billboard location: <input type="text"/>
<input type="checkbox"/> Sign at jobsite	Sign location: <input type="text"/>
<input type="checkbox"/> Employee of Liberty Excavators	Name of employee: <input type="text"/>
<input type="checkbox"/> Website	Which website? <input type="text"/>
<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other: <input type="text"/>	

Do you have any friends or relatives working here?  Yes  No

If so, please state their name(s):

## Employment History

Please start with your most current employer and list your last three employers including any periods of self employment

Previous Employer	<input type="text"/>	Start date:	<input type="text"/>
Address:	<input type="text"/>	End date:	<input type="text"/>
Position	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
Supervisor:	<input type="text"/>	Phone Number:	<input type="text"/>
Job summary:	<input type="text"/>		
Reason for leaving:	<input type="text"/>		

Previous Employer	<input type="text"/>	Start date:	<input type="text"/>
Address:	<input type="text"/>	End date:	<input type="text"/>
Position	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
Supervisor:	<input type="text"/>	Phone Number:	<input type="text"/>
Job summary:	<input type="text"/>		
Reason for leaving:	<input type="text"/>		

Previous Employer	<input type="text"/>	Start date:	<input type="text"/>
Address:	<input type="text"/>	End date:	<input type="text"/>
Position	<input type="text"/>	Salary/Hourly Rate:	<input type="text"/>
Supervisor:	<input type="text"/>	Phone Number:	<input type="text"/>
Job summary:	<input type="text"/>		
Reason for leaving:	<input type="text"/>		

Please give a brief explanation for any gaps in your employment:

## Education

School Level	Name and Location of School	Years Completed	Course of Study	Degree/Diploma
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade, Business or Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## References

Please list two people who are not related to you and who have some knowledge of your qualifications for the position for which you are applying. Do not repeat name of supervisors listed under Employment Record Section.

Name	Phone Number	Occupation	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Certifications/Designations/Licenses

Course	Certification/State	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Specialized Skills (If Applicable)

Typing     Microsoft Word     Excel     Outlook     Access     Other software:

WPM

Other skills and/or equipment:

Please state any additional information you feel may be helpful to us in considering your application.

## Military Service

Branch of Service:  Discharge Date:

Present Membership in Nation Guard or Reserves:  Yes  No Date obligation ends:

I authorize Liberty Excavators, Inc. to contact, obtain and verify the accuracy of the information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Liberty Excavators, Inc. and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the information provided on this application is true and correct and I understand that any misrepresentation or omission of information will be justification for termination of employment with Liberty Excavators, Inc., if I am employed.

I understand that this application for employment or being granted an interview is not a contract of employment. It is also understood that any employment relationship with Liberty Excavators, Inc. is At-Will and I have the right to terminate my employment with proper notice at any time for any reason and that Liberty Excavators, Inc. has the same right, so long as there are no violations of applicable state or federal employment laws.

I understand that all employment offers are conditional upon passing pre-employment testing. All field employees will be required to complete and pass a drug and alcohol screen and medical examination due to the nature of the job duties. All office employees will be required to complete and pass a drug and alcohol screen. Failure to submit to pre-employment testing or the inability to pass pre-employment testing will rescind any employment offer.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit within the required time shall result in immediate termination of my employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature

Date

Printed Name