

P.O. Box 249  
90 North 200 East  
Loa, Utah 84747-0249



Phone: (435) 836-2685  
Fax: (435) 836-2870

## EMPLOYMENT APPLICATION

*We are an equal opportunity employer. As such, we do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, citizenship status, sex, age, disability or veteran status. No question on this application is intended to secure information about these subjects.*

### PERSONAL INFORMATION

Name:			Telephone:
Last	First	Middle	
Current Address:			How Long?
City, State, Zip:			
Previous Address:			How Long?
Social Security Number:	Date of Birth:	Home Phone:	Mobile Phone:
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a reliable means of transportation to and from work that allow you to arrive consistently on time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted, pled guilty or no contest to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give the dates and details of each:			

*(A conviction will not necessarily disqualify you from employment.)*

### POSITION APPLYING FOR

Position desired:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	Date available for work:	Desired Salary Range?
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for a job with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and when?		
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates (from / to):	Name at termination:	
How did you come to us? (Please check the appropriate box below and give information where requested)			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Job Service		
<input type="checkbox"/> Social Agency	<input type="checkbox"/> Walk In		
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> School Recruiting		
<input type="checkbox"/> Advertising	<input type="checkbox"/> Job Fair		
<input type="checkbox"/> Other (explain):	<input type="checkbox"/> Friend		

### CONSTRUCTION EXPERIENCE SUMMARY

*Check any in which you have previous employment experience*

<input type="checkbox"/> Laborer	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Heavy Equipment Operator
<input type="checkbox"/> Foreman	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Other (explain) _____

***This application will be actively considered for 30 days from the date of completion.***

## EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Date Graduated	Diploma / Degree
High School					
College, Business, or Technical College					
Apprenticeships or On-the-job Certification Programs					

List any special training, licenses, certificates and/or any other training, education, or personal characteristics that qualify you for the job:


## EMPLOYMENT

**Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or protected status. DOT Requires that Employment for at Least Three (3) Years and/or Commerical Driving Experience for the Past Ten (10) Years be Shown.**

Employer:	Dates Employed
Address:	From <span style="float: right;">To</span>
Name and title of Supervisor:	Hourly Rate / Salary
Telephone Number(s):	Starting <span style="float: right;">Final</span>
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed
Address:	From <span style="float: right;">To</span>
Name and title of Supervisor:	Hourly Rate / Salary
Telephone Number(s):	Starting <span style="float: right;">Final</span>
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed
Address:	From <span style="float: right;">To</span>
Name and title of Supervisor:	Hourly Rate / Salary
Telephone Number(s):	Starting <span style="float: right;">Final</span>
Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Were you ever discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Employer name and address:	Why?
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Please explain any breaks of employment for more than three consecutive months: \_\_\_\_\_

