



# Sullivan Septic & Excavating

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POSITION DESIRED:
SALARY EXPECTATION:
DATE AVAILABLE TO START:
ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO

TODAY'S DATE:
DRIVER'S LICENSE #:
ISSUING STATE:
EXPIRATION DATE:
SOCIAL SECURITY #:

## EMPLOYMENT APPLICATION (PLEASE PRINT LEGIBLY)

PROGRAMS, SERVICES AND EMPLOYMENT ARE AVAILABLE TO EVERYONE EQUALLY.  
PLEASE INFORM US IF YOU REQUIRE REASONABLE ACCOMODATION FOR THE APPLICATION OR INTERVIEW.

### APPLICANT DATA:

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES?  YES  NO

TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  TEMPORARY  SEASONAL

HAVE YOU EVER PLED "GUILTY," "NO CONTEST," OR BEEN CONVICTED OF ANY CRIME, EITHER MISDEAMOR OR FELONY?  YES  NO

IF YES, GIVE DATES AND DETAILS (USE SEPARATE SHEET IF NECESSARY): \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC REJECTION FOR EMPLOYMENT. DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE CONSIDERED.

### EDUCATION:

GED RECEIVED:  YES  NO DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INSTITUTION NAME: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_ LENGTH OF COURSE: \_\_\_\_\_ DEGREE OR CERTIFICATE EARNED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_ LENGTH OF COURSE: \_\_\_\_\_ DEGREE OR CERTIFICATE EARNED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_ LENGTH OF COURSE: \_\_\_\_\_ DEGREE OR CERTIFICATE EARNED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SKILLS OR QUALIFICATIONS (INCLUDE PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXCAVATOR [SPECIFY TYPE(S)]: \_\_\_\_\_ YRS: \_\_\_\_\_

TRENCHER [SPECIFY TYPE(S)]: \_\_\_\_\_ YRS: \_\_\_\_\_

PLUMBING [SPECIFY]: \_\_\_\_\_ YRS: \_\_\_\_\_

\_\_\_\_\_ YRS: \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (LIST LAST EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED HERE, OR USE AN EXTRA SHEET OF PAPER IF NECESSARY.):

EMPLOYER NAME:	POSITION TITLE:	DATES EMPLOYED:
_____	_____	FROM:            To:
_____	DUTIES/RESPONSIBILITIES:	_____ / _____ / _____
EMPLOYER ADDRESS:	_____	REASON FOR LEAVING:
_____	_____	_____
_____	SUPERVISOR'S NAME:	TELEPHONE:
_____	_____	_____

EMPLOYER NAME:	POSITION TITLE:	DATES EMPLOYED:
_____	_____	FROM:            To:
_____	DUTIES/RESPONSIBILITIES:	_____ / _____ / _____
EMPLOYER ADDRESS:	_____	REASON FOR LEAVING:
_____	_____	_____
_____	SUPERVISOR'S NAME:	TELEPHONE:
_____	_____	_____

EMPLOYER NAME:	POSITION TITLE:	DATES EMPLOYED:
_____	_____	FROM:            To:
_____	DUTIES/RESPONSIBILITIES:	_____ / _____ / _____
EMPLOYER ADDRESS:	_____	REASON FOR LEAVING:
_____	_____	_____
_____	SUPERVISOR'S NAME:	TELEPHONE:
_____	_____	_____

**REFERENCES** (LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS / SUPERVISORS.):

FULL NAME: _____	PHONE: (____) _____
STREET ADDRESS: _____	OCCUPATION: _____
CITY: _____ STATE: _____ ZIP: _____	YEARS ACQUAINTED: _____

FULL NAME: _____	PHONE: (____) _____
STREET ADDRESS: _____	OCCUPATION: _____
CITY: _____ STATE: _____ ZIP: _____	YEARS ACQUAINTED: _____

*I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY WHEN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.*

*IN THE EVENT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_