

ROSS AND SONS UTILITY CONTRACTOR, INC.

APPLICATION FOR EMPLOYMENT

Ross and Sons Utility Contractor, Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, or handicap.



APPLICANT INFORMATION												
Last Name			First Name			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone				Birthday								
Date Available			Social Security No.			Desired Salary						
Height:			Weight:			Sex:		Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Do you have a valid driver's license?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a CDL?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Are you available for full-time work?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Will you work overtime if asked?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Marital Status			Married <input type="checkbox"/>		Single <input type="checkbox"/>		Divorced <input type="checkbox"/>		Separated <input type="checkbox"/>		Engaged <input type="checkbox"/>	
Have you ever been bonded?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, with what company?					
Have you any physical defects which prevent you from performing certain jobs?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, describe:					
Have you ever received Workmen' Compensation?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, describe:					
Other special training or skills:												
How did you learn about our organization?												
Emergency Contact		Name				Phone Number						
EDUCATION												
High School			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			

PROFESSIONAL REFERENCE			
Full Name		Relationship	
Company		Phone	
Address			
PREVIOUS EMPLOYMENT			
Company			Phone
Address			Supervisor
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to DOT drug testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company			Phone
Address			Supervisor
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to DOT drug testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company			Phone
Address			Supervisor
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to DOT drug testing? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch			From To
Rank at Discharge	Final Date of Discharge:		
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date