

Employment Application

An Equal Opportunity Employer

This company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Position(s) Applied for: _____ Today's Date: _____

Last Name First Name M.I.

Address City State ZIP

How long at this address? Home Phone Cell Phone Email Address

How were you referred to the Company? (check those that apply)

Job Post Friend Relative Walk-In Other: _____

Have you ever applied to the Company before? Yes No

If Yes, provide date(s): _____

Have you ever worked for the Company before? Yes No

If Yes, provide date(s): _____

Do you have friends, relatives, or acquaintances working for the Company? Yes No

If Yes, provide name(s) and relationship: _____

If Hired, would you have reliable transportation to/from work? Yes No

Are you over the age of 18? Yes No

(If under 18 yrs old, hire is subject to verification of minimal legal age.)

If hired, can you present evidence of your U.S. citizenship or of your legal right to work in the US? Yes No

If Hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job(s) for which you are applying, either with or without reasonable accommodation? Yes No If no, describe below the functions that cannot be performed.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, describe below the crime(s), nature of the crime(s), when and where convicted, and the disposition of the case.

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Work Phone: _____ Cell Phone: _____

(Note: The Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education, Training, and Experience				
	School Name & Address	Course of Study	# of Years	Degree/Diploma
High School				
College/ University				
Other				
	Branch & Rank	Related Details	# of Years	Skills/Duties
Military				

Indicate which of the following you can operate effciently.			
Equipment	Years of Experience	Equipment	Years of Experience
Dozer		Service Truck	
Backhoe		Water Truck	
Loader		Haul Truck	
Scraper		Articulated Dump Truck	
Excavator (Trackhoe)		End Dump	
Roller		Super Dump	
Grader(Blade)		Surveying Instruments	
Skid Steer		GPS Equipment on Machines	
AGT Tractor		Other	

Do you speak, read, write, or understand any foreign languages? Yes No
 If Yes, describe below which language(s) and how fluent you consider yourself.

Do you have any other experience, training, qualificaitons, or skills which you feel should be brought to our attention, in the case that they make you especially sutied for working with us? Yes No
 If Yes, please explain below.

Employment History

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Please list your last three (3) employers, starting with the most recent employment.

Employer Name: _____			
Supervisor Name: _____		Telephone Number(s): _____	
Address: _____			
Street Number & Name		City	State ZIP Code
Dates of Employment - From _____		To _____	
Hourly Rate/Salary - Starting _____		Ending _____	
Job Title & Work Performed: _____			
Reason for Leaving: _____			

Employer Name: _____			
Supervisor Name: _____		Telephone Number(s): _____	
Address: _____			
Street Number & Name		City	State ZIP Code
Dates of Employment - From _____		To _____	
Hourly Rate/Salary - Starting _____		Ending _____	
Job Title & Work Performed: _____			
Reason for Leaving: _____			

Employer Name: _____			
Supervisor Name: _____		Telephone Number(s): _____	
Address: _____			
Street Number & Name		City	State ZIP Code
Dates of Employment - From _____		To _____	
Hourly Rate/Salary - Starting _____		Ending _____	
Job Title & Work Performed: _____			
Reason for Leaving: _____			

References - List below three (3) professional references who have knowledge of your work ethic, skill, and performance within the last four (4) years.

Full Name: _____ Occupation: _____

Telephone Number: _____ # of Years Acquainted: _____

Full Name: _____ Occupation: _____

Telephone Number: _____ # of Years Acquainted: _____

Full Name: _____ Occupation: _____

Telephone Number: _____ # of Years Acquainted: _____

JF JIMMY EVANS COMPANY

P.O. Box 9749
Austin, TX 78766
(512) 288-7300

READ EACH PARAGRAPH, THEN SIGN BELOW.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge & ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application, or if I am employed by this company, terms for my immediate expulsion from the company. _____

I understand that if I am employed, my employment is not definite & can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment, education record, & any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, & all other persons, corporations, partnerships, & associations from any & all claims, demands, or liabilities arising out of or in any way related to such examination or revelation. _____

I understand I may be required to successfully pass a pre-employment drug and/or alcohol test as a condition of employment. _____

Applicant's Signature: _____ Date: _____