

# APPLICATION FOR EMPLOYMENT

**APPLICATION CURRENT FOR 90 DAYS**



POSITION DESIRED: \_\_\_\_\_

DATE \_\_\_\_\_ WAGE DESIRED \_\_\_\_\_

WERE YOU REFERRED TO PINK BY A PINK EMPLOYEE? \_\_\_\_\_  
EMPLOYEE NAME

OTHER REFERRAL SOURCE? \_\_\_\_\_

**PERSONAL HISTORY** PLEASE PRINT

NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD			TELEPHONE NO.
FIRST	MIDDLE	LAST	
			CELL NO.

PRESENT ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

PREVIOUS ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

EMAIL ADDRESS \_\_\_\_\_

Are you seeking long term employment with Pink Grading, Inc. (As long as work is available?) \_\_\_\_\_

Can you furnish documentation of you ability to lawfully work in the United States? \_\_\_\_\_

**GIVE PARTICULARS OF YOUR WORK HISTORY, IF ANY, FOR AT LEAST THE PAST 5 YEARS, REGARDLESS OF TYPE OF WORK.**

PRESENT OR MOST RECENT EMPLOYER	MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	FROM:	
STREET ADDRESS	TO:	
CITY AND STATE	BEGINNING WAGE:	REASON FOR LEAVING
SUPERVISOR	ENDING WAGE:	

**MAY WE CONTACT THIS EMPLOYER?**

IMMEDIATE PAST EMPLOYER	MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	FROM:	
STREET ADDRESS	TO:	
CITY AND STATE	BEGINNING WAGE:	REASON FOR LEAVING
SUPERVISOR	ENDING WAGE:	

**MAY WE CONTACT THIS EMPLOYER?**

THIRD PAST EMPLOYER	MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	FROM:	
STREET ADDRESS	TO:	
CITY AND STATE	BEGINNING WAGE:	REASON FOR LEAVING
SUPERVISOR	ENDING WAGE:	

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

**EDUCATION AND TRAINING**

	NAME AND LOCATION	GRADUATE YES OR NO	MAJOR SUBJECT & HRS COMPLETED	MINOR SUBJECT & HRS COMPLETED	TOTAL HOURS
HIGH SCHOOL					
COLLEGE(S)					
TRADE OR TECHNICAL SCHOOLS					

LIST THE SKILLS THAT YOU ARE CROSS TRAINED IN OR ADDITIONAL SPECIAL SKILLS YOU MAY HAVE RELATING TO CONSTRUCTION WORK THAT YOU CAN PERFORM.

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**EXPERIENCE AND QUALIFICATIONS - HEAVY EQUIPMENT**

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
BOBCAT			EXCAVATOR		
TRACK LOADER			MOTOR GRADER		
DOZER			OTHER		

ARE YOU CAPABLE OF DOING FINISH WORK WITH MOTORGRADER OR DOZER?

IF MECHANIC, TYPES OF EQUIPMENT REPAIRED: \_\_\_\_\_

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TYPE AND SIZE OF EQUIPMENT OPERATED (I.E. CAT 950, D4, 330) \_\_\_\_\_

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TYPE OF WORK (I.E. PAVING, SEWER, DIRT) ECT \_\_\_\_\_

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**EXPERIENCE AND QUALIFICATIONS FOR DRIVING POSITIONS**

STATE	LICENSE NO.	C.D.L. TYPE	EXPIRATION DATE

A. I have one (1) valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 B. Has any license, permit, or privilege ever been  
 suspended or revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF THE ANSWER TO B IS YES, PROVIDE DETAILS.

DO YOU HAVE A COMMERCIAL DRIVERS LICENSE (C.D.L.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE AND EQUIPMENT AND SIZE	DATE		APPROX NO OF MILES OR LENGTH OF TIME
		FROM	TO	
TRACTOR/LOWBOY				
TANDEM AXLE DUMP TRUCK				
TRACTOR AND BELLY DUMP				
TRACTOR AND END DUMP				

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

YOUR MOTOR VEHICLE RECORD WILL BE CHECKED IF YOU ARE HIRED.

DATE	NATURE OF ACCIDENT (HEADE-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OR FELONY CRIMINAL CONVICTIONS WITHIN THE LAST 5-10 YEARS**

LOCATION	DATE	CHARGE	PENALTY

## CERTIFICATION

Read the following carefully:

**I certify that the information provided by me on this application is correct. I understand that the furnishing of incomplete information as well as any misleading or incorrect information on this application or its attachments will be just cause for rejection of the application or termination should I become employed at Pink Grading, Inc. Also, any positive drug screening results may be cause for subsequent rejection.**

I hereby give permission to the persons and companies listed on this application and its attachments to provide any pertinent information to Pink Grading, Inc, or its duly authorized representative, except where otherwise indicated. I release said parties from all liability for any damages resulting from issuance of such information.

I authorize the release of personal information to Pink Grading for the purpose of verifying my motor vehicle record.

I understand that, if employed, my employment is for no fixed term. My employment may be discontinued, with or without notice and with or without cause, by me or Pink Grading at any time. I understand that no employees, or officer or agent of the Company may bind it to anything contrary to the above by oral or written statements, including handbooks, benefit booklets, or other forms of communication.

As a condition of employment, I hereby voluntarily give my consent to Pink Grading and its designated agents to do urinalysis and/or blood testing for alcohol and/or controlled substances. Such testing will occur as a precondition of my being employed, or any time during my employment at Pink Grading either at random, after an accident in which I am involved or when there is reasonable cause to believe that violations of the Company's drug abuse policy exists. I understand that my refusal to submit to such testing will result in my termination.

I represent that I am eighteen (18) years of age or older.

**THIS APPLICATION IS NULL AND VOID IF NOT SIGNED AND DATED**

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SIGNATURE OF APPLICANT

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DATE

Pink Grading Inc is an Equal Employment Opportunity Affirmative Action Employer and is morally and legally committed to non-discrimination in employment. No information requested herein shall be used to effect any unlawful preference, limitation, specification, or discrimination because of race, color, religion, creed, national origin, gender, marital status, age, handicap, disability, citizenship or Veteran Status.

## Voluntary Self-Identification Information

Completion of this information is voluntary and is not a requirement of employment. This information will in no way affect the decision regarding your application for employment. This information will be kept confidential. We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various government agencies.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### **Applicants Identifying Their Sex and Race**

\_\_\_\_\_ Female      \_\_\_\_\_ Male

\_\_\_\_\_ I decline to identify my race & ethnicity

### **Ethnicity**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

### **Race**

Select one or more values

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ *Two or More Races (not Hispanic or Latino – Persons who identify with more than one of the above races)*