

D & I Excavating, Inc. Application

Name (First, Middle, La	st):									
Address:										
			Zip code: _							
Primary Phone #:_			Secondary Phone #:							
Date of Birth:			SSN#:							
Position Applied F	or:									
	•	# A(Alie	en # or Adm	nission#						
Relationship:	Namas	Phon	e #:							
Relationship:	Name:	Phon	e #:							
Do you have a vali	d Driver's License:	Y / 1	N							
Driver's License	State	License N	Number	Class (C, CDL, Etc.)	Expiration					
Have you had any	estrictions on your d traffic convictions in:	n the last 3	years?	Yes / No						
Accident Record										
Dates		Nature of Accident (Head-On, Rear-End, Upset, Etc.)		Fatalities/Injuries						
Last Accident										
Next Previous										
Next Previous										

Have you ever been	n convicted of a felor	ny? (Convictions will not neces	sarily disqualify an applicant	for employment) Y / N
If yes, describe con	ditions:			
Driving Experience				
Class of	Type of	Dat		Approx. # of
Equipment	Equipment	From	То	miles (Total)
Employment Record				
Last Employment				
Name:		Phone #:		
Position Held		_From	To	
Reason for Leaving	:			
Salary	_			
Second Last Emplo	<u>yment</u>			
Name:		Phone #:		
Position Held		_From	To	
Reason for Leaving	;		· · · · · · · · · · · · · · · · · · ·	
Salary	_			
Third Last Employr	nent			
Name:		Phone #:		
	;			
	_			

APPLICANT'S STATEMENT

I certify that all statements I have made in this application are true and agree that any misrepresentations or omission of facts may result in cancellation of my application for employment or immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize any and all necessary reference checks and give permission for D & I Excavating, Inc. and any agent acting on their behalf, to obtain a current or future abstract of my driver's license.

I understand that D & I Excavating, Inc. has a Drug Alcohol and Substance Use/Abuse policy and that any offered employment is conditional upon successful passing of a drug, controlled substance and alcohol-screening test.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in application of interview(s) may result in discharge. I understand also that I am required by all rules and regulations of the employer. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or myself.

*NOTE: A	ANY APP	LICATI	ON NO	T FILLED	OUT	IN .	ITS	ENTIRE	TY '	WILL N	OT E	BE CO	ONSII	DERED).
Signature:										Date:					