

Employment Application



3845 MT-40
Columbia Falls, MT 59912

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street address Apartment #

City State Zip Code

Phone: _____ - _____ - _____ E-mail address: _____

Date Available: _____ Social Security No: _____ - _____ - _____ Desired Salary: _____
per HR / YR

Position applied for: _____

Are you a citizen of the United States? YES NO ☐ ☐ If no, are you authorized to work in the U.S.? YES NO ☐ ☐

Have you ever worked for this company? YES NO ☐ ☐ If yes, when? _____

Have you ever been convicted of a felony? YES NO ☐ ☐ If yes, explain. _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO ☐ ☐ Degree: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO ☐ ☐ Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO ☐ ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ - _____ - _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ - _____ - _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ - _____ - _____

Previous Employment

Please account for the last 5 years of work history. Explain any gaps in employment. Use a separate sheet if necessary.

Company: _____ Phone: : _____ - _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous employer? ☐ YES ☐ NO If no, why? _____

Company: _____ Phone: : _____ - _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous employer? ☐ YES ☐ NO If no, why? _____

Company: _____ Phone: : _____ - _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous employer? ☐ YES ☐ NO If no, why? _____

Please use this space to mention anything you feel is relevant we should know, that hasn't already been stated.

Disclaimer and Signature

CERTIFICATE OF APPLICANT: I hereby declare the information provided by me in this Application for Employment is true, correct and complete. I understand that if employed, any misstatement or omission of fact may result in my being disqualified or my being discharged. I also understand that I must pass a medical examination and drug test if employment is conditionally offered. If employed, I understand my employment is "at will" and I may quit at any time with or without notice or reason, and may be terminated at any time with or without notice or cause. I also acknowledge nothing in my employment sign-up or in the Cutting Edge Excavation LLC's Policies & Procedures, handbooks, benefits materials or other documents shall be construed to constitute a contract, or implied contract, of employment, and, I acknowledge the Cutting Edge Excavation LLC's right to change from time to time any of the above at its sole discretion. I authorize Cutting Edge Excavation LLC to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institution. Personal/professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Cutting Edge Excavation LLC and the reference source from any liability in connection with its release or use.

NOTICE TO APPLICANTS: Physical exam and drug testing required. After a conditional offer of employment, all applicants must pass a physical exam which includes a hair and/or urine test to detect illegal drug use. Your written consent for drug testing is required.

Signature: _____ Date: _____