



MOLON EXCAVATING, INC.
125 BUCKSHOT DR., PO BOX 1860
TRAVERSE CITY, MI 49685-1860
231.943.3929 Phone
231.943.3954 Fax

"Molon is an Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ DATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NO. _____ HOME PHONE: _____
ARE YOU A U.S. CITIZEN? YES _____ NO _____ BUS. PHONE: _____
IF NO, VISA # AND EXPIRATION DATE: _____

POSITION APPLYING FOR

POSITION: _____ SALARY DESIRED: _____
REFERRED BY: _____ DATE AVAILABLE: _____

EDUCATION

HIGH SCHOOL (NAME, CITY, STATE): _____
GRADUATION DATE _____
BUS. OR TECH. SCHOOL _____
MAJOR / DEGREE _____ DATES ATTENDED _____
COLLEGE _____
MAJOR / DEGREE _____ DATES ATTENDED _____

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____
IF YES, EXPLAIN COMPLETELY: _____

DATE OF BIRTH: _____ The U.S. Department of Transportation requires that driver applicants state their date of birth {391.21(b)(2)}

LICENSES: (LICENSES HELD IN THE PAST THREE YEARS MUST BE SHOWN)

STATE:	LICENSE #:	TYPE:	EXP. DATE:
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HAVE YOU EVER BEEN DENIED A LICENSE PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
YES _____ NO _____

HAS ANY LICENSE PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?
YES _____ NO _____

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATION? YES _____ NO _____

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, ATTACH DETAILED STATEMENT.

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

SAFE DRIVING AWARDS HELD: _____

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS OTHER THAN PARKING VIOLATIONS.

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

PREVIOUS EMPLOYMENT

(LAST OR CURRENT EMPLOYER FIRST)

EMPLOYER: _____ SUPERVISOR: _____
 ADDRESS: _____ PHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 SALARY: _____ REASON FOR LEAVING: _____

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 ADDRESS: _____ PHONE: _____
 POSITION HELD: _____ FROM: _____ TO: _____
 SALARY: _____ REASON FOR LEAVING: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditional on the results of a physical examination and drug test.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

SIGNATURE: _____ DATE: _____

WITNESS: _____

PERFORMANCE SURVEY

SKILLS - EVALUATE YOURSELF

"0" - NO EXPERIENCE 1 = LOW 10 = HIGH

OPERATORS

- DOZERS
- LOADER
- LOADER BACKHOE
- EXCAVATOR
- DOMOR
- SCRAPER
- GRADER
- GRAVEL PLANT
- SCREENING PLANT
- CURB MACHINE
- CRANE
- QUAD TRACTOR

LABORERS

- GENERAL SITEWORK
- READING GRADE STAKE
- WORKING WITH LASER
- CHAINSAW
- PIPE LAYER - STORM
- PIPE LAYER - SANITARY
- PIPE LAYER - WATER MAIN
- PILE DRIVERS

DRIVERS

- TANDEM DUMP
- LEAD
- TRAIN
- LOWBOY

HAZ-MAT ENDORSEMENT YES _____ NO _____