



(For Office Use Only – Do Not Fill)

Date: _____ Superintendent: _____

Approved By: _____ Pay Rate \$ _____

Application Date: ____/____/____

Personal Information

Name _____ Social Security # _____

Phone # (____) _____ Message Phone # (____) _____

Address: _____
Street City, State Zip Code

Email Address (If available) _____

Date Available for work _____ Wage Requested \$ _____

Driver's License: Yes ___ No ___ Type _____ License # _____ Exp.date ____/____/____

Willing to Travel: Yes ___ No ___ Any Special Licenses: _____

Resume included with this application: Yes ___ No ___

Education

School Name Courses:

High School _____ Diploma: Yes / No

College _____ Degree: _____

Trade/business school _____ Certification: _____

Other Training _____

Work Experience Special Skills:

Former Employers

Name/Address Former Employers (starting with the most recent):

1 _____ Date Hired ____/____/____ Date Left ____/____/____ Rate of Pay \$ _____

_____ Position _____

_____ Reason for Leaving _____



Former Employers Con't.

2 _____ Date Hired ___/___/___ Date Left ___/___/___ Rate of Pay \$_____

_____ Position _____

_____ Reason for Leaving _____

3 _____ Date Hired ___/___/___ Date Left ___/___/___ Rate of Pay \$_____

_____ Position _____

_____ Reason for Leaving _____

References (of those known for at least 1 year)

Name Address Phone#

1. _____

2. _____

3. _____

Limitations: Do you have any limitations which would prohibit you from performing any task? If yes, Please Explain:

Drug Screen Policy Initial Hire: New hires are required to take a drug screen. If you are found to be positive, you will not be hired. Probable Cause: If you are suspected of drug use or sales, you will be required to take a drug test. If the results are positive, you will be required to pay for the test, and may be terminated. Injury: If you are injured on the job and have to seek medical attention, you will be required to take a drug test. If the results prove to be positive, you are responsible for the payment of the drug test, and may be terminated. Refusal: Refusal to take a drug test under any circumstances may result in immediate termination.

You will be required to sign an employment contract again outlining the above.

- I have read and understand the Drug Screen Policy and agree to the conditions.
- I have read Safety Statement and agree to the conditions.
- I have read the Code of Conduct and agree to the conditions.

I certify that my responses above are true and complete. I understand that the West Infrastructure Construction, LLC will rely on this information. Untrue or incomplete response may disqualify me from collecting workman's compensation benefits for later, related on-the job injuries and may be grounds for discharge.

I authorize West Infrastructure Construction, LLC to obtain information from any prior employer regarding me, and I release West Infrastructure Construction, LLC and all prior employers from liability arising from the release of information about me.

Signature _____ Date ___/___/___