

Employer #2 _____ *From:* _____ *To:* _____

Job Title: _____ *Supervisor:* _____

Contact Info
_____ *wk#* _____ *cell #* _____

Work Performed

Salary Info. *Starting* _____ *hr/wkly* _____ *Final* _____ *hr/wkly* _____

Why did you leave? _____

Employer #3 _____ *From:* _____ *To:* _____

Job Title: _____ *Supervisor:* _____

Contact Info
_____ *wk#* _____ *cell #* _____

Work Performed

Salary Info. *Starting* _____ *hr/wkly* _____ *Final* _____ *hr/wkly* _____

Why did you leave? _____

List professional, trade, business or civil activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Education *School and City* *Course of Study* *Years Completed* *Graduated Y/N*
High School _____

Vocational/College

Indicate any foreign languages you can speak and level of fluency _____

Describe any specialized training, apprenticeship, skills and extra curricular activities _____

Specialized Skills *(Check Skills/Equipment Operated)*

Please rate your skills on a scale of 0 to 4 (0 = no experience, 1 = poor, 2 = average, 3 = very good, 4 = expert)

Software Knowledge:

- Word
- Excel
- Publisher
- Access
- Outlook
- PowerPoint

Heavy Equipment:

- Backhoes
- Excavators
- Bulldozers
- Fork Lifts

- Large Trucks
- Boom Trucks
- Tamps

Field Equipment

- Field Levels
- Transits
- Lasers

Other: _____

License / Certifications

List any State issued licenses that you have earned:

i.e. plumbing, conditioned air, boiler etc.

Mark any certifications you can prove:

Crane/Hoisting Signals
Backflow Prevention
Scaffolding
Confined Spaces

Fall Protection
Excavation
Forklift

EPA
Land Disturbance
CDL License

List any additional information you feel may be helpful to us in considering your application

References:

Reference Name _____

Reference Name _____

Business Name _____

Business Name _____

Phone Number _____

Phone Number _____

Reference Name _____

Reference Name _____

Business Name _____

Business Name _____

Phone Number _____

Phone Number _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 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.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

TMC Interviewer and date:

Remarks:

Employed Yes No

Date of Employment:

Job Title

Hourly Rate:

Department:

Name and Title:

Date: