



P.O. Box 2303
Edwards, CO 81632
(970) 926-2770 ~ office
(970) 926-4736 ~ fax

Job Application

Name: \_\_\_\_\_
First Middle Last

Social Security Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_
Address
City State Zip Code

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Other: \_\_\_\_\_ (Explain) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Who referred you to Ewing Trucking & Construction? \_\_\_\_\_

- 1. May we contact your present employer NOW regarding your qualifications, character, etc.? Yes \_\_\_ No \_\_\_
2. Have you been fired from any job in the last 5 years? Yes \_\_\_ No \_\_\_
3. Have you ever been found guilty of any law violations other than parking tickets? Yes \_\_\_ No \_\_\_
4. Have you ever filed a Workman's Compensation Claim? Yes \_\_\_ No \_\_\_
5. Do you have any conditions that may restrict your ability to perform certain tasks? Yes \_\_\_ No \_\_\_
6. Do you require any special accommodations to perform this job? Yes \_\_\_ No \_\_\_

If you answered "yes" to any of the questions above, please explain below.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

# Employment History

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties/Equipment Operated: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties/Equipment Operated: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties/Equipment Operated: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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Additional Education, Training, Certifications and Work Experience: \_\_\_\_\_

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I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may be cause for termination. I authorize you, at the time of my application for employment, to obtain information from any source as to my education, character, financial or credit records as it related to the position for which I am being considered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Personal Statement

**Instructions:**

This questionnaire must be legible, accurate, and filled out completely by hand (typed forms will not be accepted). The applicant must complete the application. All statements in your questionnaire are subject to verification. **Do not leave any blocks or questions unanswered.** "N/A" is considered an appropriate answer if applicable. Incorrect statements may bar or remove you from employment.

1. List below the names of three persons not related to you and not former employers who have known you for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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2. Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_

If yes, would you be able to provide proof of your eligibility? Yes \_\_\_ No \_\_\_

If no, do you intend to become a citizen of the United States? Yes \_\_\_ No \_\_\_

3. List all organizations, clubs, and associations of which you are or have been a member of, or which you are or have been associated with, which have direct bearing upon the job for which you are applying. (Do not list memberships that indicate a religion, race or national origin, labor unions, disability, sex, or other protected classes).

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4. Please list any special skills and abilities.

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5. Do you have any friends or relatives working for this organization? If so, please list them below.

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6. Do you drink alcoholic beverages? \_\_\_\_\_ If yes, to what degree? \_\_\_\_\_

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7. If your job duties require you to operate a motor vehicle and or construction machinery are you able to? \_\_\_\_\_

8. Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
License #: \_\_\_\_\_ State: \_\_\_\_\_

9. Did you ever possess a driver's license issued by any state other than the above?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give state(s) and number(s) \_\_\_\_\_

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10. Has your license ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details \_\_\_\_\_

11. Do you feel your employers have always treated you fairly? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, give details \_\_\_\_\_

12. What have been the accomplishments(s) you are most proud of?  
\_\_\_\_\_  
\_\_\_\_\_

13. What areas about your life are you most pleased with?  
\_\_\_\_\_  
\_\_\_\_\_

14. What could you bring to our company?  
\_\_\_\_\_  
\_\_\_\_\_

15. What "one" word best describes you?

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16. What qualities do you want your co-workers to possess?

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17. Do you do any personal planning? If yes, what are your goal(s) for next 5 years?

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18. Why should we hire you?

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### CDL Driver Applicants Only

1. How many years have you held a CDL license? \_\_\_\_\_

2. Are you able to perform your own truck maintenance? \_\_\_\_\_

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3. Are you able to perform mechanical work on your own truck? \_\_\_\_\_

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4. Are you experienced in dumping end dump trailers? \_\_\_\_\_

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5. Are you experienced in loading and unloading equipment on lowboy trailers? \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_