



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

Job Application

Position Applied For: _____ Date: _____

Name: _____

Phone: _____ Social Security Number: _____

Current Mailing Address: _____

Address

City

State

Zip Code

Date of Birth: _____ Place of Birth: _____

Who referred you to Ewing Trucking & Construction? _____

1. Are you eligible to work in the United States? Yes ___ No ___
 a. Are you able to provide proof of eligibility? Yes ___ No ___
2. May we contact your present employer now regarding your qualification and character? Yes ___ No ___
3. Have you been fired from any job in the last 5 years? Yes ___ No ___
4. Have you ever been found guilty of any law violations other than parking tickets? Yes ___ No ___
5. Have you ever filed a Workman's Compensation Claim? Yes ___ No ___
6. Do you have any conditions that may restrict your ability to perform certain tasks? Yes ___ No ___
7. Do you require any special accommodations to perform this job? Yes ___ No ___

If you answered "yes" to question 3-7 above, please explain below.

Employment History

Please fill out your work history as complete as possible. Begin with the most recent relevant position held. If there is a large time gap missing from the industry, please give a brief explanation below.

Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Address: _____

Duties/Equipment Operated: _____

Starting Wage: _____ Ending Wage: _____

Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Address: _____

Duties/Equipment Operated: _____

Starting Wage: _____ Ending Wage: _____

Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Address: _____

Duties/Equipment Operated: _____

Starting Wage: _____ Ending Wage: _____

Additional Education, Training, Certifications and Work Experience: _____

Additional Comments: _____

Personal Statement

Please help us get to know you better by answering the following questions to your best ability.

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

2. Do you drink alcoholic beverages? _____ If yes, to what degree? _____
3. If your job duties require you to operate a motor vehicle and or construction machinery are you able to? Yes _____ No _____
4. Do you possess a valid driver's license? Yes _____ No _____
 - a. License #: _____ State: _____ Type: _____
5. Has your license ever been suspended? Yes _____ No _____
 - a. If yes, give details _____
6. Do you feel your employers have always treated you fairly? Yes _____ No _____
 - a. If no, give details _____
7. What areas about your life are you most pleased with? What are your personal 5 year goals?

8. What "one" word best describes you?

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

10. What could you bring to our Company and why should we hire you?

CDL Driver Questionnaire

Please help us understand your experience and comfort level with operating a semi-truck and performing mechanic tasks associated with the truck.

1. How many years have you held a CDL license? _____
2. Are you able to perform your own truck maintenance? Yes _____ No _____
 - a. What maintenance tasks are you comfortable performing on your own? _____

3. Are you able to perform mechanical work on the truck? Yes _____ No _____
 - a. What type of mechanical work are comfortable performing on your own? _____

4. Are you experienced in dumping end dump trailers? Yes _____ No _____
5. Are you experienced in loading/unloading equipment on lowboy trailers? Yes _____ No _____

References

List below the names and telephone number of three work/business references not related to you and not former supervisors. 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: _____

Name: _____ Occupation: _____
Home Phone: _____ Business Phone: _____
Business Name: _____
Business Address: _____
Years Known: _____ Relationship: _____

Name: _____ Occupation: _____
Home Phone: _____ Business Phone: _____
Business Name: _____
Business Address: _____
Years Known: _____ Relationship: _____

Experience Evaluation

Please check the column that closest describes your experience in the listed fields.

	NO EXPERIENCE	SOME EXPERIENCE	EXPERT EXPERIENCE	COMMENTS
Reading/Understanding plans				
Checking grades				
Shovel/Rake				
Operating the following equipment:				
Mini-Excavators				
Large Excavators				
Skidsteers				
Loaders				
Dozers				
Road Graders				
Scrapers				
Installing water/sewer lines				
Constructing block retaining walls				
Driving pickup truck w/ Trailers				
Welding				
Engine Mechanics				
Carpentry				

Acknowledgment

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 relates to the position for which I am being considered.

Signature _____ Date _____