

Moser Paving & Excavating - Application For Employment

Mailing - 650 Redwood Hwy, Grants Pass, OR 97527

Office - 210 Ringuette Street, Grants Pass, OR 97527

Ph. 541-479-2424 Fax 541-479-1277

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **PLEASE PRINT.**

Name _____ Date _____

Social Security# _____ Phone _____

Address _____ City, State & Zip _____

Position applied for _____

Starting hourly wage requested _____

Would you accept full-time work? Yes _____ No _____

Would you accept part-time work? Yes _____ No _____

On what date would you be available for work? _____

Have you ever been employed here before? Yes _____ No _____ Date _____

Special training or skills (grader, paving machine operation, truck drivers, etc.) that would be of special benefit on the job for which you are applying:

Oregon Driver's License? Yes _____ No _____ Moving Violations in last 5 years? Yes _____ No _____
Oregon C.D.L. ? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____ (if yes, proof required)

Are you of legal age to work in the United States? Yes _____ No _____

EDUCATIONAL BACKGROUND (circle highest level completed)

Grammar School 5 6 7 8 Vocational training? _____

High School 9 10 11 12 Graduate Degree? _____

College 1 2 3 4 Training in what field? _____

Do you have an illness or physical disability that would be aggravated by the work you are applying for?

No _____ Yes _____ Please explain _____

EMPLOYMENT EXPERIENCE

Employer _____ Address _____

Phone (_____) _____

Job Title _____ Supervisor _____

Date Employed: From _____ to _____ Hourly rate/salary: starting _____ final _____

Employer _____ Address _____

Phone (_____) _____

Job Title _____ Supervisor _____

Date Employed: From _____ to _____ Hourly rate/salary: starting _____ final _____

Employer _____ Address _____

Phone (_____) _____

Job Title _____ Supervisor _____

Date Employed: From _____ to _____ Hourly rate/salary: starting _____ final _____

Employer _____ Address _____

Phone (_____) _____

Job Title _____ Supervisor _____

Date Employed: From _____ to _____ Hourly rate/salary: starting _____ final _____

Equipment/Truck
Experience: _____

PERSONAL REFERENCES (other than family members or previous employers)

Name _____ Phone (_____) _____

Address _____

Name _____ Phone (_____) _____

Address _____

Name _____ Phone (_____) _____

Address _____

EMERGENCY Name _____ Relationship _____ Ph: _____

CONTACTS: Name _____ Relationship _____ Ph: _____

