

FELLER ENTERPRISES
Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address					Apartment/Unit #							
City				State			ZIP					
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Experience and Qualifications- Driver

Driver Licenses:

State _____ License Number _____ Type _____ Expiration Date _____

State _____ License Number _____ Type _____ Expiration Date _____

Accident Record for Past 3 Years or more (Attach sheet if more spaced is needed)

Date Nature of Accident Fatalities Injuries

List Accident _____

Next Previous _____

Next Previous _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes or No (Circle One)

B. Has any license, permit, or privilege ever been suspended or revoked? Yes or No (Circle One)

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Experience and Qualifications-Platform

List equipment you can operate and years of experience of each (trackhoe, backhoe, etc) _____

Courses or Training Completed _____

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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