

Note: you must save form to your computer, complete form, and then send to Info@coulsonex.com

EMPLOYMENT APPLICATION

Coulson Excavating Co., Inc.
3609 North County Road 13
Loveland, Colorado 80538

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below
2. Complete both pages of this application.
3. If more space is needed to complete any questions, use comments section at the bottom of this page.
4. Print clearly: Incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.

Which position are you applying for?

Today's Date:

First Name

Last Name

E-mail Address

Phone

Current Address

Street

City

State

Zip

Prior Address

Street

City

State

Zip

APPLICATION NOTE

This application form is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

What date can you start?

JOB-RELATED SKILLS

If the job requires, do you have the appropriate valid drivers license?

Yes No

Name on license

DL#

Type

State of Issue

Have you had any moving violations within the last seven years?

Yes No

If yes, Please describe

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Have you been given a job description or had the essential functions of the job explained to you?

Yes No

Do you understand these essential functions?

Yes No

Can you perform the essential functions of this job with or without reasonable accommodation?

Yes No

SECURITY

List states and counties of residence for the past seven years:

Have you been convicted of a crime in the past seven years?

If yes, please describe in the boxes below.

Yes No

Applicant is not obligated to disclose any references to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Convictions will not necessarily be a bar to employment. In accordance with company policy and application state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature on the job sought and rehabilitation effort will be reviewed.)

1) INCIDENT

CITY/STATE

CHARGE

2) INCIDENT

CITY/STATE

CHARGE

COMMENTS

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.
FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER

Are you currently working for this employer?

Yes No

If yes, may we contact?

Yes No

Company Name

City

State

Phone

FAX

Dates Employed

From

To

Job Title

Supervisor Name

Salary Per (Hour, Week, Month)

Duties

Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name

City

State

Phone

FAX

Dates Employed

From

To

Job Title

Supervisor Name

Salary Per (Hour, Week, Month)

Duties

Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name

City

State

Phone

FAX

Dates Employed

From

To

Job Title

Supervisor Name

Salary Per (Hour, Week, Month)

Duties

Reason for Leaving

REFERENCES

Include only Individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

Name

Address

Phone

YEARS KNOWN

RELATIONSHIP

Name

Address

Phone

YEARS KNOWN

RELATIONSHIP

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related. Please choose the highest grade completed.

7	8	9	10	11	12	13	14
15	16	16+					

If your school records are under a different name than listed on page 1, please enter that name

High School

City/State

Graduated

Yes No

DEGREE TYPE

College

City/State

Graduated

Yes No

DEGREE TYPE

Other

City/State

Graduated

Yes No

DEGREE TYPE

CERTIFICATION AND RELEASE

I certify that I have read and understood the application note at the top of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharged at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

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