

**Hurst Excavating**  
**P.O. Box 5374 Knoxville, TN 37928**  
**Tel.(865)922-6142 Fax.(865)922-6342**

**Application For Employment**

Position in which you are applying for \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone No \_\_\_\_\_  
Drivers License(#,state,class,restrictions,exp.date) \_\_\_\_\_

Have you ever been arrested ? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any injuries which could effect your job performance or hinder you in any way? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_

**Work History** (list most recent employer first)

Company \_\_\_\_\_  
City, State \_\_\_\_\_ Phone No \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position \_\_\_\_\_  
Wage Rate \_\_\_\_\_ When Employed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_  
City, State \_\_\_\_\_ Phone No \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position \_\_\_\_\_  
Wage Rate \_\_\_\_\_ When Employed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_  
City, State \_\_\_\_\_ Phone No \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position \_\_\_\_\_  
Wage Rate \_\_\_\_\_ When Employed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

I, \_\_\_\_\_, Grant Hurst Excavating the right to contact my former employers and personal references. I understand that any statement on this application found to be false may result in the immediate termination of my employment.

I, \_\_\_\_\_, understand that Hurst Excavating operates a Drug Free Work Place in accordance with U.S. Department of Transportation Federal Highway Administration Regulations (49 CFR Parts 382 and 40), which includes Pre-Employment and random drug screening for controlled substances and alcohol use.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_