



Referral Company _____

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

APPLICATION FOR EMPLOYMENT

Date: _____ Position in which you are applying for: _____

Name _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

Drivers License(#,state,class,restrictions,exp.date, endorsements) _____

Have you ever been arrested ? _____ If yes, please explain _____

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

Are you comfortable working in extremely, physical, demanding work in all types of environment? ___

Can you comfortably lift 50lbs today? _____

How did you hear about us? Newspaper Friend Internet Ad Hurst Website Other

In Case of an Emergency contact: Name: _____ Phone #: _____

Any relatives/acquaintances working for Hurst Excavating, LLC? _____ If yes, who? _____

Have you ever worked for Hurst Excavating, LLC before? _____ If yes, when? _____

Please list any tools or equipment that you have experience with which apply to this position:

WORK HISTORY (list most recent employer first)

Company _____
City, State _____ Phone No _____
Supervisor _____ Position _____
Wage Rate _____ When Employed _____
month/year TO month/year
Reason for Leaving _____

Company _____
City, State _____ Phone No _____
Supervisor _____ Position _____
Wage Rate _____ When Employed _____
month/year TO month/year
Reason for Leaving _____

Company _____
City, State _____ Phone No _____
Supervisor _____ Position _____
Wage Rate _____ When Employed _____
month/year TO month/year
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 might 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 _____



PRE-EMPLOYMENT AUTHORIZATION FORM

I _____, hereby authorize Hurst Excavating, LLC, its subsidiaries, affiliates, employees and agents to make inquiry of and request information from any individuals, present and former employers, schools, credit bureaus, criminal investigation bureaus, and any other entities that may possess information concerning me or that may be custodians of records relating to me, including Worker's Compensation.

I understand that my prospective employer intends to use the information obtained through the investigation for employment purposes only, and shall not disclose such information to any other party. I understand that my Worker's Compensation History is for the purpose of making certain I am not assigned a job function which could aggravate a previous injury and will be checked after a conditional offer of employment has been extended to me, in compliance with the Americans with Disabilities Act (ADA)

I give this authorization in connection with an application relating to employment.

Applicants Signature: _____

Applicants Name (Print) _____

Address: _____

City, State, Zip: _____

SS# _____

DOB: _____

NOTE: DOB is requested for identifying purposes in order to obtain accurate records.
(Age is NOT a criterion for employment)