



**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer

**PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address if different from Present Address:

\_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_ Full-time, Part -time, or Temporary: \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends? \_\_\_\_\_

Would be available to work overtime, if necessary? \_\_\_\_\_

If hire, on what date can you start work? \_\_\_\_\_

Pay desired: \_\_\_\_\_

Do you speak, write, or understand any foreign languages? \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_



Do you have any other experiences, training, qualifications or skills, which you feel make you especially suited for work at this Company? If so, please explain:

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**Answer the following questions if you are applying for a professional position**

Are you licensed/certified for the job applied for? \_\_\_\_\_

Name of license/certificate: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License/certificate number: \_\_\_\_\_

Has your license/certificate ever been revoked or suspended? \_\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

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**PERSONAL INFORMATION**

Have you ever applied to or worked for this Company before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for this Company? \_\_\_\_\_

If yes, state name(s) and relationship: \_\_\_\_\_

Why are you applying for work at this Company? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? \_\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill, and agility tests.)



Are you currently employed? \_\_\_\_\_

If so, may we contact your current employer? \_\_\_\_\_

### EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	No. of yrs. Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

### EMPLOYMENT HISTORY

*List below all present and past employment starting with your most recent employer (last 10 yrs is enough) Account for all periods of unemployment. You must complete this section even if attaching a resume.*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Your position and Duties: \_\_\_\_\_

\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly/hourly pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_



Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Your position and Duties: \_\_\_\_\_

\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly/hourly pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Your position and Duties: \_\_\_\_\_

\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly/hourly pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_ Telephone No: \_\_\_\_\_



Your Supervisor's Name: \_\_\_\_\_

Your position and Duties: \_\_\_\_\_

\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly/hourly pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### **MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? \_\_\_\_\_

If so, describe: \_\_\_\_\_

### **REFERENCES**

*List below 3 persons not related to you who have knowledge of your work performance within the last 3 years.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Telephone No.: \_\_\_\_\_



**Please Read Carefully, Initial Each Paragraph And Sign Below**

- \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- \_\_\_\_\_ I hereby authorize George L Throop Co. & Throop Lightweight Fill, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose George L Throop Co. & Throop Lightweight Fill, Inc any all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release George L Throop Co. & Throop Lightweight Fill, Inc, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by George L Throop Co. & Throop Lightweight Fill, Inc, that all disputes that cannot be resolved by informal internal resolution that might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regards to dispute resolution and there are no other agreements as to dispute resolution, either oral or written.
- \_\_\_\_\_ I understand that nothing contained in the application or conveyed during my interview which may be granted or during my employment, if hired, is included to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either party, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_