



Application for Employment

Date _____

First Name		Last Name	
Address		Phone Number	
City	State	Zip Code	
E-mail address		Date You Can Begin Work	
Position Applying For:		Desired Salary:	

Please answer the following questions and provide information as requested in the spaces provided.

Can you perform the essential functions of the position (with or without reasonable accommodations) for which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please explain	
Are you legally eligible to be employed in the United States? <i>(Proof of identity and eligibility will be required upon employment)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over the age of 18 years? <i>(If no, you may be required to provide authorization to work)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

I am available to work (check all that apply): <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL TIME <input type="checkbox"/> BUSINESS TRAVEL Note: This position may require a flexible schedule and require you to work some evenings and weekends.	
If you cannot work full time, please explain:	
Do you have a reliable form of transportation to/from work and job sites? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, may we contact your employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the position for which you are applying requires you to drive a company vehicle, do you have a clean, insurable driving record? If NO, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Certifications, Training and Licenses

Please check all job-related current certifications and training.

<input type="checkbox"/> OSHA 10	<input type="checkbox"/> OSHA 30	<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Confined Space Competent Person
<input type="checkbox"/> Excavation Awareness	<input type="checkbox"/> Excavation Competent Person	<input type="checkbox"/> MCA QD 310 Basic	<input type="checkbox"/> MCA QD 310 Comprehensive
<input type="checkbox"/> Rigging Competent Person	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Commercial Driver's License	<input type="checkbox"/> OTHER (please list below)

Other Job-Related Certifications/Licenses/Training

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Employment History

Begin with your present or most recent job or position.

Name of Employer	Supervisor's Name	Supervisor's Title
Address		Phone Number
City	State	Zip Code
Employed From	Employed To	Final rate of pay
List main work tasks		

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Address		Phone Number
City	State	Zip Code
Employed From	Employed To	Final rate of pay
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Name of Employer	Supervisor's Name	Supervisor's Title
Address		Phone Number
City	State	Zip Code
Employed From	Employed To	Final rate of pay
List main work tasks		

Have you ever worked for Kinkaid Civil before? If yes, specify:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Department/Function	Dates Employed	Final Job Title

Do you have any relatives or friends who work for the company? If yes, who?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Work-Related Education

Vocational/Trade School 1	Location (city/state)	Course of Study	Yrs. Completed	Certificate
Vocational/Trade School 2	Location (city/state)	Course of Study	Yrs. Completed	Certificate
College	Location (city/state)	Course of Study	Yrs. Completed	Degree
Graduate Program/Other	Location (city/state)	Course of Study	Yrs. Completed	Degree

Personal References

Please provide 2 non-family personal references. Do not include family members unless you were working in your family business.

Reference Name 1	Relationship	Occupation	
Phone Number	Email Address	City	State

Reference Name 2	Relationship	Occupation	
Phone Number	Email Address	City	State

Applicant Authentication

- I understand that providing false or misleading information on any part of this Employment Application is grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no defined duration and may be terminated at any time without prior notice.

Applicant Signature

- By checking this box and typing (or signing) my name below, I certify that this submission is authentic and I am legally bound by the contents of the information herein.

Job Applicant Signature (sign or type name) _____

Date _____

Applicants will receive consideration for positions, without regard to race, ethnicity, religion, age, gender (except where gender is a bona fide occupational qualification), sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam era.

Invitation to Identify for EEO-1 Reporting - Voluntary Information

Kinkaid Civil Construction applicants and employees are treated without regard to race, ethnicity, religion, gender, national origin, age, marital or veteran status, medical condition or disability.

We comply with government regulations and affirmative action responsibilities. To help us comply with government record keeping and reporting, please complete the EEO Applicant Data request below.

Providing this information is voluntary and not completing this section will not subject you to adverse treatment. This data is for periodic government reporting and will be stored in a confidential file separate from the Application for Employment.

First Name	Last Name	Date
Position applying for		
Referred by: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other (specify)		
Name of person who referred you:		

Voluntary Self-Identification - Affirmative Action Survey

Government agencies require periodic reports on the gender, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about disability is voluntary.

Male Female

Check one of the following:

- Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race
- White Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black or African American Not of Hispanic origin: All persons having origins in any of the Black racial groups of Africa
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the pacific islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa
- American Indian or Alaskan Native: All persons have origins in any of the original peoples of Northern or Alaskan native America, and who maintain cultural identification through tribal affiliation or community recognition
- Two or More Races (Not Hispanic or Latino)