

Employment Application



Emerald Excavating Co., Inc.
 38 Hedges Pond Rd.
 Plymouth, MA 02360
 Phone: 508-888-3184
 Fax: 508-833-1296
 www.emeraldexcavating.com

Date:

First Name:

Last Name:

SS Number:

Address:

City/Town: **State:** **Zip:**

Home Phone: **Cell:**

Email:

Previous Addresses (3 Years)

Address 1: **State:** **# Years:**

City/Town:

Address 2: **State:** **# Years:**

City/Town:

Address 3: **State:** **# Years:**

City/Town:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Full-Time part-time Full or part-time **Date you could begin working:**

List All Licenses and/or Permits for the Last 3 Years

License Type	<input type="text"/>	State	<input type="text"/>	License #	<input type="text"/>	Exp. Date	<input type="text"/>
License Type	<input type="text"/>	State	<input type="text"/>	License #	<input type="text"/>	Exp. Date	<input type="text"/>
License Type	<input type="text"/>	State	<input type="text"/>	License #	<input type="text"/>	Exp. Date	<input type="text"/>

List the Nature and Extent of Your Experience Operating Different Types of Motor Vehicles (E.G. Buses, Trucks and Trailers)

Vehicle Type	<input type="text"/>	Experience (years or miles)	<input type="text"/>
Vehicle Type	<input type="text"/>	Experience (years or miles)	<input type="text"/>
Vehicle Type	<input type="text"/>	Experience (years or miles)	<input type="text"/>

List All Motor Vehicle Accidents In Which You Were Involved During the Last Three Years

Date	<input type="text"/>	City/State	<input type="text"/>	Nature of Accident	<input type="text"/>	Fatalities	<input type="text"/>	Injuries:	<input type="text"/>
Date	<input type="text"/>	City/State	<input type="text"/>	Nature of Accident	<input type="text"/>	Fatalities	<input type="text"/>	Injuries:	<input type="text"/>
Date	<input type="text"/>	City/State	<input type="text"/>	Nature of Accident	<input type="text"/>	Fatalities	<input type="text"/>	Injuries:	<input type="text"/>

List All Violations (Other Than Parking) For Which You Were Convicted Or Forfeited Bond/Collateral During the Last Three Years

Date	<input type="text"/>	City/State	<input type="text"/>	Charge	<input type="text"/>	Penalty	<input type="text"/>
Date	<input type="text"/>	City/State	<input type="text"/>	Charge	<input type="text"/>	Penalty	<input type="text"/>
Date	<input type="text"/>	City/State	<input type="text"/>	Charge	<input type="text"/>	Penalty	<input type="text"/>

List the Facts/Circumstances of any Denial, Revocation, or Suspension of any License, Permit or Privilege to Operate a Motor Vehicle

Previous Employment

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer.

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Were you subject to Federal Motor Carrier Safety Regs. while employed by this employer?

yes

no

Was your position "safety sensitive" requiring Part 40 drug and alcohol testing?

yes

no

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: **yes** **no**

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Were you subject to Federal Motor Carrier Safety Regs. while employed by this employer?

yes

no

Was your position "safety sensitive" requiring Part 40 drug and alcohol testing?

yes

no

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: **yes** **no**

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Were you subject to Federal Motor Carrier Safety Regs. while employed by this employer?

yes no

Was your position "safety sensitive" requiring Part 40 drug and alcohol testing?

yes no

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Computer Skills:

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: