



**APPLICATION FOR
EMPLOYMENT**

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO. - -
ADDRESS	CITY	ST	ZIP CODE
PHONE NO. ()	EMAIL ADDRESS	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER APPLIED TO PARTNERS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN?	

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL

Subjects of special study/research work or special training/skills/certifications:

FORMER EMPLOYERS (List below last four employers, starting with the most recent one)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

DATE: _____

SIGNATURE: _____

RETURN APPLICATION BY ANY OF THESE METHODS:

Mail: PO Box 2098, Harrisonburg, VA 22801
Physical address: 859 Cottontail Trail, Mt. Crawford, VA 22841
Fax: (540) 433-7034
Email: operations@partners-excavating.com

FOR OFFICE USE:

