



Revision Date: August 1, 2019



## APPLICATION FOR EMPLOYMENT

**NOTE:** Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applying for: _____		Today's Date _____		
Please Print				
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Date Available to begin work: _____		
GENERAL INFORMATION				
Last Name _____		First Name _____	Middle Name _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
( ) _____		( ) _____	( ) _____	
Cell Phone _____	Home Phone _____	Other _____	Email Address _____	
PREVIOUS SEVEN YEARS RESIDENCY (ATTACH ADDITIONAL SHEETS IF NECESSARY)				
Street Address _____		City, State, Zip _____	Length of time at address _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____		
Have you ever worked for this company before <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Month & Year? _____		
Location: _____		Rate of Pay: _____	Position: _____	
Reason for Leaving? _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired can you furnish proof you are eligible to work in the US?				
<i>Any job offer made following the interview process will be contingent upon successful completion of background checks, physical, and drug screen.</i>				
EDUCATION				
Education	Name and Location of School	Subjects Studied	Years Completed	Degree / Diploma
College or University	_____	_____	_____	_____
Business/Trade/Vocational	_____	_____	_____	_____
High School or GED	_____	_____	_____	_____
If employed, do you expect to be engaged in any additional business or employment outside of our job? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## SPECIAL SKILLS

List any additional training or information you feel is important to the job for which you are applying? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Class of License: \_\_\_\_\_ State licensed In: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No

If yes, please give details: \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships that reveal Race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

## WORK HISTORY

List name of employers in consecutive order with the most recent or last employer listed first. Account for all periods of time including military service. If self-employed, give firm name and supply business reference.

**Note: A job offer may be contingent upon acceptable references from current and former employers**

<b>1.</b>		Phone _____
	Current Employer	<input type="checkbox"/> <b>Please do not contact current employer</b>
	Address	Employed from: Provide month and year From: _____ To: _____
	Job Title	Weekly or Hourly Pay (Circle One) Start _____ Last: _____
	Name of Supervisor	Duties: _____
	Reason for leaving	
<b>2</b>		Phone _____
	Previous Employer	Employed from: Provide month and year From _____ To: _____
	Address	Weekly or Hourly Pay (Circle One) Start _____ Last: _____
	Job Title	Duties: _____
	Name of Supervisor	
	Reason for leaving	
<b>3</b>		Phone _____
	Previous Employer	Employed from: Provide month and year From _____ To: _____
	Address	

	Name of Supervisor	Weekly or Hourly Pay (Circle One) Start _____ Last: _____
	Job Title	Duties: _____
	Reason for leaving	
4		Phone _____
	Previous Employer	Employed from (Provide month and year) From _____ To: _____
	Address	

### Additional Information and References

	Reason for leaving	
Have you worked or attended school under any other name?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____
5	Previous Employer	Phone _____
If yes, please provide names?		Employed from (Provide month and year) From _____ To: _____
	Address	
Have you ever been fired from a job or asked to resign?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Weekly or Hourly Pay (Circle One) Start _____ Last: _____
If yes please explain:		Duties: _____
	Job Title	
	Reason for leaving	

### References

Please provide a minimum of three references, not relatives or former employers

Name	Address	Phone #:

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

**AFFIDAVIT, CONSENT AND RELEASE**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

*Please read each statement carefully before signing. You must sign both signature lines*

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). *I understand that I have the right to:*

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer;

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Signature

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEED EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
Signature

***NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.***



## APPLICANT AFFIRMATIVE ACTION INFORMATION

### Section 1: General Applicant Information – REQUIRED INFORMATION

Print Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position Applied for (list only one) \_\_\_\_\_

### Section 2: Referral Source:

How Did you hear about this job: \_\_\_\_\_

### Section 2: Affirmative Action Information – VOLUNTARY INFORMATION

Tezak Heavy Equipment is an Equal Opportunity Employer government contractor. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. To comply with government regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for and then supply this information to the government. Applicants are invited to participate. In extending this invitation you are advised that: 1) You are under no obligation to respond, but may do so in the future if you so choose; 2) Responses are kept separate from your application and will remain confidential within the Human Resources Department; and 3) Responses will be used only for the necessary reporting. When reported, data will not identify any specific individuals.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that **WILL NOT** be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.

**Section 3: Applicant Affirmative Action Data – Please Complete Below or check this box:**  I do not wish to disclose

Gender:  Male  Female

**Race / National Origin** (You may mark one or more of the following)

Race/Ethnic Category	Definition or Category
<input type="checkbox"/> <b>Hispanic or Latino</b>	A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish Culture or origin regardless of race.

*If you answered "Yes" you have completed this form. Please sign and date at the bottom.*

*If you answered "no" please select a race from the options below.*

Not Hispanic or Latino	
<input type="checkbox"/> <b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> <b>American Indian or Native Alaskan</b>	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>Black or African American</b>	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> <b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
<input type="checkbox"/> <b>Two or more races (not Hispanic or Latino)</b>	All person who identify with more than one of the above 5 races

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

**Voluntary Self-Identification of Disability**

**Form CC-305**

**OMB Control Number 1250-0005**

**Expires 1/31/2017**

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**Why are you being asked to complete this form?**

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

**How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Bipolar disorder
- Major depression
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Missing Limbs or partially missing limbs
- Intellectual (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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Your Name

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Today's Date