



**RED OAK EXCAVATING, INC.**

5192 Barnesville Highway  
Red Oak, VA 23964  
Phone(434)735-8595  
FAX(434)735-8330

**APPLICATION FOR EMPLOYMENT**

|   |  |                    |   |                            |                           |
|---|--|--------------------|---|----------------------------|---------------------------|
| 1. POSITION APPLIED FOR   |  | 2. SALARY EXPECTED |   | 3. DATE AVAILABLE FOR WORK |                           |
| 4. NAME   |  | FIRST              | MIDDLE  | LAST                       | 5. SOCIAL SECURITY NUMBER |
| 6. ADDRESS  |  |                    | 7. DATE OF BIRTH  |                            |                           |
|   |  |                    | 8. TELEPHONE NUMBER   |                            |                           |
| 9. EDUCATION<br>DID YOU GRADUATE FROM HIGH SCHOOL OR HAVE A GED EQUIVALENCY DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>YEAR GRADUATED _____ OR<br>HIGHEST GRADE _____ |  |                    | 10. ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>ARE YOU WILLING TO STAY OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>WILL YOU ACCEPT <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME |                            |                           |
| 11. EXPERIENCE  |  |                    |   |                            |                           |
| A. JOB TITLE  |  | DUTIES             |   |                            |                           |
| EMPLOYER  |  |                    |   |                            |                           |
| ADDRESS   |  |                    |   |                            |                           |
| PHONE   |  |                    |   |                            |                           |
| TYPE OF BUSINESS  |  |                    |   |                            |                           |
| SUPERVISOR  |  | SALARY(START)      |   | (FINISH)                   |                           |
| REASON FOR LEAVING  |  |                    |   |                            |                           |

B. JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SALARY (START) \_\_\_\_\_ (FINISH) \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

| LICENSE TYPE | LICENSE NUMBER | EXPIRATION DATE | ISSUED BY |
|--------------|----------------|-----------------|-----------|
|              |                |                 |           |
|              |                |                 |           |
|              |                |                 |           |

REFERENCES - LIST NAMES, ADDRESSES AND RELATIONSHIP OF 3 PERSONS NOT RELATED TO YOU WHO KNOW OF YOUR EXPERIENCE OR QUALIFICATIONS:

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

PLEASE USE THIS ADDITIONAL SPACE TO LIST ANY SPECIAL SKILLS OR TRAINING THAT WOULD BE USEFUL TO US IN OUR CONSIDERATION TO FILL THIS POSITION:

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DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

I do hereby give RED OAK EXCAVATING, INC. permission to obtain any previous or present employment information that may be beneficial in the consideration for employment with this company.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_