



Applicant Number: _____

Application for Employment

Fann Contracting, Inc.
 P.O. Box 4356
 Prescott, AZ 86302

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) applying for: _____ Date: _____
We keep applications for 6 mos.

Referral source: Ad Friend Relative _____ Other _____ Fann Employee: Name: _____
 Application update record

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

If no phone, how can we contact you? _____

Have you filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Are you employed now? Yes No **May we contact your present employer?** Yes No

On what date are you available for work _____

Are you under the age of 18? Yes No Are you able to work full time? Yes No

Can you show you are eligible to lawfully work in the United States? Yes No
(Citizenship/immigration documents will be required upon employment)

Are you able to travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(A conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

Education

Graduated from high school: Yes No Completed grade: _____

College attended: _____ # Years: 1 2 3 4 Major: _____

Technical School: _____ Completed course of study? _____

Degrees Earned: _____

References

Give name, address, and phone number of 3 references who are not related to you and are not previous employers.

Name	Address	Phone

For Company Use Only

Interview Date	Remarks:	Logged in by:

File: _____ Oper _____ Labor _____ Shop _____ Est/Superv. _____
 Truck Concrete Office Other:

Special Skills and Training

Summarize special skills and training acquired from employment, classes taken or other experience.

State an additional information that you feel may be helpful to us in considering your application:

Voluntary Survey

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

Check One: **Male** **Female**

Check any of the following that are applicable: **Veteran** **Disabled Veteran** **Indicate which war or campaign** _____

Check one of the following race/ethnic groups: **White** **African-American** **Hispanic** **Asian** **Native American**

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand and acknowledge that any employment relationship with this company is of an 'at will' nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant: _____

Date: _____

For Company Use Only

Hired by: _____ Date: _____ Rate of Pay: _____

Job Title: _____ Work Code: _____

Remarks: _____

Employment Experience

WE NEED THIS INFORMATION EVEN IF YOU ARE SUBMITTING A RESUME

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly rate/salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly rate/salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly rate/salary		
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Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly rate/salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Experience/Proficiency List

Please put the number of **YEARS** or MONTHS experience you have next to the equipment that you are **proficient** on:

CODE	GRADER	YRS	MOS	CODE	SCRAPER	YRS	MOS	CODE	BACKHOE	YRS	MOS
MG14	14			SC623	623			BH426	CAT 426		
MG16	16			SC621	621			BH446	CAT 446		
MG140	140			SCOT	Other			BH416	CAT 416		
MGOT	Other			SCWP	Water Pull			BH310	JD 310		
MGBT	Blue Top							BH710	JD 710		
MGLGC	Lazer/Grader Control										
EXCAVATOR				LOADER				Airtrack (rock drill)			
EX320	320			LD966	966			ATIR	Ingersoll Rand		
EX235	235			LD950	950			ATOT	Other		
EX330L	330L			LD980	980						
EX365	365			LDOT	Other						
EXOT	Other										
SCREED				ROLLER				LBRCCF Concrete Finisher			
SCRDCT	Cat			RLRT	Rubber Tire			LBRFC	Form Carpenter		
SCRBK	Blawknox			RLSW	Steel Wheel			LBRBL	Blaster		
SCROT	Other			ASPHALT ROLLER				LBRADM	Asphalt Dumpman		
PAVER OPERATOR				ACRF				LBRAR	Asphalt Raker		
PVCT	Cat			ACRBD				LBRTCO	Traffic Control Officer		
PVBK	Blawknox			ACRPN				LBRPC	Pilot Car Driver		
PVOT	Other			GRADE CHECKER				LBRCF	Certified Flagger		
HOT PLANT				GRCKR				SHMC	Mechanic		
HPOP	Operator			COMPACTOR				SHTM	Tireman		
HPFM	Fireman			CP815				SHWL	Welder		
CRUSHER				CPTRN				LBRPF	Pipe Fitter		
CRS	Crusher			CPOT				LBRPL	Pipe Layer		
CRANE				ROCK TRUCKS				LBRWR			
CR	CRANE			RTTR				Water			
FL	FORKLIFT			RTCT				Sewer			
DOZER				DRIVERS				LBRSD			
DZ4	D-4			TDBT				Storm Drain			
DZ7	D-7			TDWT				LBRDU			
DZ8	D-8			TDTW				Dry Utilities			
DZ9	D-9			TDBD				TRAINING			
DZ10	D-10			TDST				Yes No			
DZOT	Other			TDTHH				FACPR			
Are you multilingual?				CODE				First Aid CPR			
		Yes	No	CODE				RSC			
LANGUAGE				CDLA				Respirator Certified			
LGSP	Spanish	Yes	No	CDLAH				FLC			
LGEN	English	Yes	No	CDLAT				Forklift Certified			
LGOT	Other?			CDLAHT				CPE			
								Competent Person Exc.			
								CS			
								Confined Space			
								MSHA1			
								MSHA (Current)			
								OSHA1			
								OSHA 10hr/30hr (Current)			
								CF			
								Flagger Certified			
								PLC			
								Pipe Laser Certified			
								TROT			
								Other			
Explain any other construction experience here: _____											