## Tennessee Excavating Company, LLC



132 Sherlake Lane Knoxville, TN 37922 Phone: (865) 691-1200 Fax: (865) 693-0991

## **Employment Application**

Position Desired  Driver	E	quipment Operator		☐ Laborer		☐ Mechanic	Date/	
Personal Information								
Last Name		First Name		Middle		Social Security #		
Address						Home Phone Number		
City		State	Zip			Cellular Phone Numbe	r	
Have you ever ap	pplied for employmer Year	nt with us before?		Yes No	)	Email Address		
•	for full-time work?			Yes No	)	Pay Expected		
		t in the United States?		Yes No	,	When will you be availa	able to begin work	?
					[			
	• •	hich you are applying:				* If applying for summe and ending dates you v		
Full-time year round Full-time seasonal Beginning Date Available / /								
☐ Part-time summer only * ☐ Part-time seasonal					Ending Date Available//			
<b>L</b>								
Education								
Type of School	Name & Lo	ocation of School		Course of Study	у	# Years Completed	Did you Graduate?	Honors Received
High School								
Trade, Business, or Technical								
College or University								
Other (explain)								

1 10110	Company Name	nt employer, giving accurate full-time and part-time employment record).  Telephone Number
		-
	Address	Employed From
		From / / To / / Rate of Pay: hourly, weekly, other
1	Supervisor Name	Rate of Pay: hourly, weekly, other Start End
	Position	Reason for leaving or seeking to leave:
		Treason for leaving of seeking to leave.
	Description of Primary Responsibilities	
	Company Name	Telephone Number
	Company Name	-
	Address	Employed From
		From / / To / /
2	Supervisor Name	From / / To / /  Rate of Pay: hourly, weekly, other  Start End
	Position	Reason for leaving or seeking to leave:
		Reason for leaving or seeking to leave.
	Description of Primary Responsibilities	
	Company Name	Telephone Number ( ) -
	Address	Employed From
		From/_/ To/_/ Rate of Pay: hourly, weekly, other
3	Supervisor Name	Rate of Pay: hourly, weekly, otherStart End
	Position	Reason for leaving or seeking to leave:
	Description of Primary Responsibilities	
	2000 page 101 may 100 por 101 may	
	Company Name	Telephone Number
	company name	( ) -
	Address	Employed From
		From / / To / /
4	Supervisor Name	Rate of Pay: hourly, weekly, other Start End
	Position	Reason for leaving or seeking to leave:
	Description of Primary Responsibilities	
	Description of Frimary responsibilities	
- I		-
Please in	dicate any employers who may not be contacted and reaso	n:
		Signature: X

Name	Address		Phone Nu	mber		
			( )	-		
)			( )	-		
			( )			
)			( )			
ou must be 18 ve	ars of age or older to work in the highway/heavy equipr	ment industry				
od maot be 10 ye	Are you of age to work in this industry?			☐ Yes		No
applying for a roa	ad construction position:					
	Projects are typically located within 100 miles of distance when the job requires?			□ Yes		١
	Are you willing/able to work Saturdays when th			□ Yes	П	1
	Are you willing to work overtime if needed?			⊔ ⊓ Yes		1
	Are you capable of performing in a reasonable				Ш	
	accommodation, the activities involved in the jo	b or occupation for which you have		Vaa		,
	applied?			□ Yes		1
	rmation	Drivers	License Cl	ass A	в С	D
rivers License Nu		Drivers When does your license expir		ass A	B C	D
Orivers License Nu	mber			ass A /	в с /	
Orivers License Nu	mber	When does your license expir	e?	/	B C /	No
Drivers License Nu	mber	When does your license expir	e?	/ Yes	B C /	No
Please complete as	ents on your license:  s it appears on your Drivers License:	When does your license expir Is your license a CDL? Is your license valid and curre	e?	/ Yes	B C /	No
Please complete as	ents on your license:	When does your license expir	e?	/ Yes	B C /	D No
Please complete as Name: First	ents on your license:s it appears on your Drivers License:	When does your license expir  Is your license a CDL?  Is your license valid and curre  Last	ent?	/  Yes  Yes	B C /	
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Tennessee Excavating Company is an equal opportunity employer, and selects the best matched individual for the job based on upon job related qualifications, regardless of race, color, creed, gender, national origin, age, disability, sexual orientation, or other protected groups under state, federal, or local Equal Opportunity laws.  I understand and agree that:  1. Business needs may at any time make the following conditions mandatory; overtime, travel.  2. Employment with this organization 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.  3. My signature authorizes Tennessee Excavating Company to make such investigation and inquiries of my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my employment.  4. In the event of employment, I understand that false or misleading information given in my application(s) or interview(s) may result in my termination. I understand also, that I am required to abide by all rules and regulations of Tennessee Excavating Company, as permitted by law.  5. Tennessee Excavating Company maintains policy that applicants for employment may be required to submit to a urinalysis screening test after the decision is made to hire and a conditional offer of employment has been made. If you refuse to take the test or the test confirms a positive result, your conditional offer of employment will be rescinded or you will be terminated.		
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<b>Y</b>		<b>Y</b>
Applicant's Signature: Date / /	Applicar	nt's Signature:

## Tennessee Excavating Company, LLC

An Equal Opportunity, Affirmative Action Employer

## **Applicant Survey Form**

Last	t name F	irst name	Middle initial(s)
Date	te P	osition(s) for which yo	u are applying
Ple	ease read carefully:		
and hel	d affirmative action program, a	and report the resu	r our equal employment opportunity alts to government agencies. Please sex, race or ethnicity, and disability
			v. If you choose not to provide some or ny negative or adverse treatment.
opp we wis	portunity laws and regulations will immediately place it in a	s and <i>for no other</i> confidential file se	nonitor our compliance with equal purpose.* When we receive this form, parate from your application. If you eparate from the one that contains
Ra	ce/Ethnicity - Select one o	r more	
			origins in any of the original peoples of North d who maintains tribal affiliation or community
		ding, for example, C	nal peoples of the Far East, Southeast Asia, or ambodia, China, India, Japan, Korea, Malaysia etnam.
	Black or African American: A p	person having origi	ns in any of the black racial groups of Africa.
	Hispanic or Latino: A person of other Spanish culture or origin		erto Rican, South or Central American, or
	Native Hawaiian or Other Pacifi Hawaii, Guam, Samoa, or other	_	having origins in any of the original peoples of
	White: A person having origins Africa.	in any of the origina	l peoples of Europe, the Middle East, or North
Dis	sability - Are you a person w	ith a disability?	
	Yes		
	No		
Sex	ex - Select one		
	Female		

■ Male

<sup>\*</sup> **This form is** *not used for employment decisions*. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.