



## APPLICATION FOR EMPLOYMENT

It is the policy of this company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation/and selection for training, including apprenticeship, preapprenticeship, and/or on the job training.

### Applicant Data

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Ini. \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Best time to call you is: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes \_\_\_ No \_\_\_

Have you ever filed an application with us before? Yes \_\_\_ No \_\_\_

Have you ever been employed with us before? Yes \_\_\_ No \_\_\_

Do you have any friends or relatives who work here? Yes \_\_\_ No \_\_\_

If yes, please give names \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

May we contact your employer? Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes \_\_\_ No \_\_\_

Languages Spoken English \_\_\_ Spanish \_\_\_ Italian \_\_\_ Other \_\_\_\_\_  
(Check all that apply)

Date available for work \_\_\_\_\_ Desired position \_\_\_\_\_

Desired salary range \_\_\_\_\_ Are you available to work: Full time Parttime Temporary

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Are you currently on "layoff" status and subject to recall? Yes \_\_\_ No \_\_\_

Can you travel if the job requires it? Yes \_\_\_ No \_\_\_

**Education**

Highest Grade Complete \_\_\_\_\_

Name and address of last school \_\_\_\_\_

**Work Experience**

Start with your present or last job, include any job related military service assignment:

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe any specialized traing, apprenticeship, skills, etc \_\_\_\_\_

Specialized skills(Equipment Operated)

\_\_\_\_ Hydraulic Excavator    \_\_\_\_ Backhoe    \_\_\_\_ Crane    \_\_\_\_ CDL License Held

**Applicant's Signature**

I certify that answers given here are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MOUNTAIN CREEK  
CONTRACTORS, INC.**

## VOLUNTARY EEO SELF-IDENTIFICATION FORM

As employers/government contractors, we comply with government regulations pertaining to to equal employment opportunity, affirmative action, veteran status and disabilities. We would appreciate you completing this form to help us comply with our reporting requirements, however, it is not required for employment.

**Please Print:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Position(s) Applied For:** \_\_\_\_\_

**Referral Sources:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Indeed            | <input type="checkbox"/> CareerBuilder    | <input type="checkbox"/> Craigslist      |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Company Website |
| <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Friend/Relative  | <input type="checkbox"/> Walk-In         |
| <input type="checkbox"/> Other             | If other, please specify: _____           |  |

**Gender (check one):**

Male       Female       Prefer Not to Disclose

**Race/Ethnicity (check one):**

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

White: A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Black or African American: A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: 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 Phillipine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races: All persons who identify with more than one of the above six races.

Prefer Not to Disclose



## BACKGROUND AUTHORIZATION FORM

I understand that, as a condition of my consideration for employment with Mountain Creek Contractors or as a condition of my continued employment with Mountain Creek Contractors Inc, Mountain Creek Contractors, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness. I hereby authorize and consent to Mountain Creek Contractors, Inc. procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Mountain Creek Contractors, Inc. will provide me with a copy of any such report if the information in such report is, in any way, used in making a hiring decision regarding my fitness for employment with Mountain Creek Contractors, Inc. By providing the information below, and by my voluntary signature, I hereby acknowledge that I have reviewed, understand, and agree with, the above Background Authorization.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**Issuing State**

\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Driver's License Expiration Date**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_