The P. J. Casanave
Land Clearing Company
Shacklefords, Va
www.siteclearing.com

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Date _____ FAX: (804) 785-2396

## PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Present Address _____

Permanent Address _____

Phone Number _____ ☐ Male ☐ Female

Referred by _____ Are you 18 years of age or older? ☐ Yes ☐ No

## EMPLOYMENT DESIRED

Position Applying For _____ Date You Can Start _____ Salary Desired _____

Are you employed now? ☐ Y ☐ N If so, may we inquire of your present employer? ☐ Y ☐ N Have you been employed here previously? ☐ Y ☐ N If so, in what position? _____

Have you ever applied to this company before? ☐ Y ☐ N If so, when? _____ Are you willing to travel? ☐ Y ☐ N If so, do you own your own transportation? ☐ Y ☐ N

## EDUCATION

| | Name and Location of School | Last Year Completed | Did you graduate? | Subjects Studied Degree(s) Received |
|---|---|---|---|---|
| High School | | | ☐ Y ☐ N | |
| College | | | ☐ Y ☐ N | |
| Trade, Business or Correspondence School | | | ☐ Y ☐ N | |

## HEALTH

Do you or have you ever had an injury or illness, disability or impairment that may affect your ability to perform the duties or may be aggravated by the position for which you have applied? ☐ Y ☐ N If so, please explain in detail. _____

_____

In case of emergency, notify: _____ Phone Number: _____

Address: _____

(Application continued on next page)

**FORMER EMPLOYERS** List below your employers for the past five years, starting with most recent.

| Date Month/Year | Name /Address/ Phone# of Employer | Salary | Position | Supervisor | Reason for Leaving |
|---|---|---|---|---|---|
| From<br>To | | | | | |
| From<br>To | | | | | |
| From<br>To | | | | | |
| From<br>To | | | | | |

May we request references from former employers? ☐ Y ☐ N

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

| Name | Address | Phone Number | Position | Years Acquainted |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**DRIVERS LICENSE** Type _____ State _____ No. _____ Expiration Date _____

Has your Drivers License been suspended or revoked in the last 5 years? _____ If so, when and for what? _____

_____

**SKILLS**

**Equipment Operator**
List what equipment you are familiar with and how long you used them.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Mechanic**
List what areas you are familiar with.

_____
_____
_____
_____
_____
_____
_____

Do you own your own tools? ☐ Y ☐ N

## AUTHORIZATION

I authorize investigation on all statements including but not limited to records of driving, criminal, employment and health contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without previous notice.

_____
Date

_____
Signature

**STATEMENT:**

***This company has adopted a formal Drug-Free Workplace Policy. We may require Random Testing, Cause or Reasonable Suspicion Testing, and Post Accident Testing.***