# MOUNTAINSIDE EXCAVATORS, INC. 1043 MOUNTAIN ROAD MANHEIM, PA 17545

717 665 5373

# **EMPLOYMENT APPLICATION**

Mountainside Excavators, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

# Personal:

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Applicant Name:				Social Security		
Current Address:		7:		Date Of Birth:		
City:		St. Zip:				
Home Phone #:				Mobile #:		
Position Applied For:				Salary Desired	1 \$	
Referred By:				Salary Desired	ιψ	
Do you have any relatives	employed b	ov this company?	? If ve	s, list names & job	b title:	
If under 18, do you have a				, <u>, , , , , , , , , , , , , , , , , , </u>		
Residence For Past 3 Ye	ove					
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Education:						
Education.						
Circle the highest level o	f education					
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College 1	2 3	4				
Graduate Studies:						
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	Convictions & For	feitures For The				
Date of	Offense		Location	n		Type of Motor Vehicle
Conviction						Operated
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EMPLOYMEN	T RECORD	For Th	e Past 10 Y	ears		
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Address:		110111	City:	_ 10	ST	Ending Wage
Telephone #:						
	ving:					
Last Employer:						Starting Wage
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### General:

YES	NO	May we contact your current employer?
YES	NO	If hired, will you be able to work overtime?
YES	NO	Will you be able to perform the essential job functions for the position that you are applying
		for with or without reasonable accommodations?
YES	NO	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses,
		which has not been annulled, expunged or sealed by the courts?
		(A yes response does not automatically disqualify your application)

(11 jes response does not datomatically discutally jour application)					
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO			
B. Has any license, permit or privilege ever been revoked?	YES	NO			
If Yes Explain:					
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a	Commerc	ial			
Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.					
Do you consent to such Testing? ( ) YES ( ) NO					

## **CERTIFICATION & AUTHORIZATION**

The above information is true and correct, I understand that, in the event of my employment by this company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, criminal and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information, drug & alcohol testing information about me to the Company and will hold the Company and my former employer harmless for any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit, driving record, drug & alcohol testing and/or any consumer check. I certify that I will be able to obtain all clearances necessary to work at any jobs that will require them.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with this Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for any cause. I also understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Contract Act (IRCA). The documents provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

11	was completed by me, and that a	ll entries on it and information in it are true and
to the best of my knowledge.		
Signature	Date	

Printed Name