

Nextel DC # \_\_\_\_\_

**Application for Employment**  
(Employment is on an At-Will Basis\*)

Today's Date: \_\_\_\_\_

Home Tel # \_\_\_\_\_

Nextel Phone # \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

Soc. Sec. Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Other Cell # \_\_\_\_\_

**Address**

Street	City	Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you of the legal age to work?: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain. \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your license ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain. \_\_\_\_\_

(Driving records are obtained on all applicants)

Have you ever had a back or other physical injury or do you have any physical condition which would prevent you from performing all aspects of this job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed a Workmans Comp claim? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

**Driver's License Information**

**Endorsements**

	Operator's	Chauffeur's	CDL-B	CDL-A	Air Brakes	Hazardous	Tank
Check all that apply							

Do you have a DOT Medical Examiner's Card? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Expiration Date \_\_\_\_\_

**Education**

Type of School	No of Years	Name of School	City	Course	Did you graduate
Grammar					
High					
College					
Other					

**Prior Work Experience**

Dates

Name of Company	Phone Number	Supervisor	From	To	Reason for leaving

I hereby give permission to contact the employers listed above concerning my prior work experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Military Service Record**

Dates of Service

Branch of Service	From	To	Rank
	-		

In Case of Emergency notify \_\_\_\_\_

Name

Phone No

Relationship

Position(s) Applied For

	Road Work	Yard Work	Mechanic	Office	Other
Check all that apply					

Referral Source

	Advertisement	Friend(Name)	Relative(Name)	Walk-In	Empl Agency	Other
Check/Name						

**Affirmation Action Survey**

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

	Male	Female
Check One		

	American Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	White
Check all that apply					

	US Military Veteran	Disabled Veteran	Handicapped Individual
Check all that apply			

\* Employment at P.K. Contracting is on an at-will basis, and can be terminated with or without cause and with or without notice at any time at either the employee's option or the option of the Company. No agreement to the contrary may be made by any official of the Company except its President, and any such agreement must be in writing to be effective.

fn: application for employment.doc