

## **EMPLOYMENT APPLICATION**

P.O. Box 280 Burwell, NE 68823 308.346.5123 Office 308.346.4826 Fax

justina@jeffres.com Email

(PLEASE PRINT)				
Position(s) Applied For		Da	te of Application	
First Name	Middle Initial	Last Name	2	
Street Address/PO Box	City	Sta	ate Zip C	code
Telephone Number(s)				
Home:	Cellular:		Other:	
Social Security Number	Da	te of Birth		
Are you over 18 years of age?		Ye	S	No
Do you have the legal right to work in the United States?			S	No
Proof of citizenship or immigration status will be re				
Do you have adequate transportation to work?			S	No
Have you ever been employed by any of the Jeffres' Companies.?			S	No
If yes, what dates?				
Which Company?				
On what date would you be available for v	work?			
Are you available to work:	full Time Part Time	Overtime	Temporary	
Are you currently on "lay-off" status and s	Yes	S	No	
Do you have a valid Driver's License ?	Yes	S	No	
Do you have a current CDL License?	Yes	s	No	
Have you been convicted of a DUI in the	Yes	S	No	
Have you had 3 or more citations for mov	years? Yes	S	No	
Have you ever been convicted of a felony Conviction will not necessarily disqualify a	Yes	S	No	
If Yes, please explain:				

## **Employment Experience**

such investigations.

Signature:

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper. Employer Name: \_\_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Address: Name of Supervisor: \_\_\_\_\_ May we contact this person? Yes No Work Performed: Salary: Start\_\_\_\_\_ End\_\_\_\_\_ Reason for leaving:\_\_\_\_\_ Employer Name: Dates Employed From: To: Name of Supervisor: May we contact this person? Yes No Work Performed: Salary: Start End Reason for leaving: Employer Name: \_\_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_ Address: May we contact this person? Yes No Name of Supervisor: Work Performed: Salary: Start End Reason for leaving: Employer Name: Dates Employed From: To: Address: Name of Supervisor: May we contact this person? Yes No Work Performed: Salary: Start\_\_\_\_\_ End\_\_\_\_ Reason for leaving:\_\_\_\_\_ Applicant's Statement In consideration of my employment, I agree to conform to the rules & regulations of the Jeffres Companies, and understand that my employment is "at will" and may be terminated for any reason that is not prohibited by law. The Jeffres Companies are a Drug Free Workplace. A substance abuse policy is in effect and substance abuse tests may be conducted prior to initial employment, when a violation of the policy is suspected and randomly. Initial and continued employment is contingent upon the reporting of negative test results. Jeffres Companies considers applications for all positions without regard to race, color, religion, creed, gender, age, disability, martial of veteran status, sexual orientation or any other legally protected status. The U.S. Department of Labor does prohibit an individual under the age of 18 from working in hazardous occupations which include but are not limited to coal mining, mining (other than coal), and excavation operations. I declare my answers to the questions on this application are true, and give Jeffres Companies the right to investigate all information given and to secure additional information, if necessary. I authorize Jeffres Companies to obtain an investigative background check which may include the following: a credit report, past employment, and criminal history. If employed I understand that Jeffres Companies may need to obtain a Department of Motor Vehicles driving record. I understand I have the right to make a written request within a reasonable period to receive the information obtained in any

Date:

## **EDUCATION High School** Dates Attended: Name: Graduated? Yes No Location:\_\_\_\_\_ **University or Technical College** Dates Attended:\_\_\_\_ Location:\_\_\_\_ Graduated? Yes No **DRIVING EXPERIENCE How Many Years Class of Equipment** Ready Mix Truck Straight Truck Truck & Pup **Belly Dump** Side Dump Other **MEDICAL** Do you have any physical condition(s) which may limit your ability to perform the position you have applied for? \_\_Yes \_\_No (NOTE: the work for which you have applied may involve one or more of the following job requirements: lifting, pushing or pulling 50lbs or more; lifting or extending 30lbs or more above the head; lifting, bending and turning at the waist simultaneously, standing or walking for at least two (2) hours at a time; uninhibited manual dexterity; operation mechanical equipment for long extended periods of time; exposure to temperature and weather extremes. If you do not know if these requirements relate to the work for which you have applied, please inquire.) If yes, please explain:\_\_\_\_

References					
1.		(	)		
	(Name)			Phone #	
	(Address)				
2.		(	)		
	(Name)			Phone #	
_	(Address)				
3.		(	)		
	(Name)			Phone #	
	(Address)				

FOR PERSONNEL USE ONLY						
Arrange Interview	Yes	No				
Remarks						
Employed	Yes	No	Date of Employment			
Position			Hourly Rate/Salary			
ByNAME & TITLE			Date			

Notes: