



VTF EXCAVATION LLC

8398 CELINA MENDON Rd
CELINA, OH 45822-9339
WWW.VTFEXCAVATION.COM

PHONE 419-586-3077
FAX 419-586-5999
JOBS@VTFEXCAVATION.COM

APPLICATION FOR EMPLOYMENT

If information is provided on your resume, please write "resume" in the answer space

DATE: _____

PERSONAL INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK INTEREST:

AREA OF INTEREST: Please check all that apply

____ Operator ____ Laborer ____ Truck Driving ____ Office ____ Estimator

DO YOU HAVE YOUR CDL: ____ Class A ____ Class B ____ None

DO YOU HAVE ANY POINTS ON YOUR LICENSE: ____ Yes ____ If yes, how many ____ No

IN BUSY SEASON, ARE YOU ABLE TO WORK 14 HOUR DAYS, 6 DAYS A WEEK: ____ Yes ____ No

REFERRED BY: _____ DATE AVAILABLE: _____

EDUCATION:

HIGH SCHOOL: _____

DID YOU GRADUATE: ____ Yes ____ No

TRADE SCHOOL: _____

DID YOU GRADUATE: ____ Yes ____ No CERTIFICATE IN: _____

COLLEGE: _____

DEGREE TYPE: ____ Associates ____ Bachelors ____ Masters

DID YOU GRADUATE: ____ Yes ____ No DEGREE IN: _____

COLLEGE: _____

DEGREE TYPE: ____ Associates ____ Bachelors ____ Masters

DID YOU GRADUATE: ____ Yes ____ No DEGREE IN: _____

MILITARY HISTORY:

LIST ANY SPECIAL TRAINING OR SKILLS FROM MILITARY TRAINING: _____

(OVER)



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EMPLOYEMENT HISTORY FROM PREVIOUS THREE JOBS:

EMPLOYER: _____ CITY: _____ STATE: _____

NAME OF DIRECT SUPERVISOR: _____

DATES OF EMPLOYMENT: _____

JOB TITLE/POSITION: _____ DUTIES: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ CITY: _____ STATE: _____

NAME OF DIRECT SUPERVISOR: _____

DATES OF EMPLOYMENT: _____

JOB TITLE/POSITION: _____ DUTIES: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ CITY: _____ STATE: _____

NAME OF DIRECT SUPERVISOR: _____

DATES OF EMPLOYMENT: _____

JOB TITLE/POSITION: _____ DUTIES: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

REFERENCES:

(Please provide three references, not related to you, who have knowledge of your work performance.)

NAME: _____ PHONE: _____ YRS KNOWN: _____

NAME: _____ PHONE: _____ YRS KNOWN: _____

NAME: _____ PHONE: _____ YRS KNOWN: _____

ADDITIONAL INFORMATION:

PLEASE LIST ANY SPECIALIZED TRAINING OR SKILLS:-

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____ Yes _____ No

(Do not disclose sealed or expunged records of convictions or arrests.)

IF YES, PLEASE EXPLAIN: _____
