

Delaware Bulldozing Corp

For all your excavating needs 607-538-1185
5700 County Highway 18, Bloomville, NY 13739

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Apt no.

City State Zip Code

Mobile Phone: _____ Other Phone: _____

Email Address: _____ Driver's License Class: _____

Are you willing to upgrade your driver's license class? _____

Do you have any *points* on your driving record? YES NO

IF yes, please provide reasons: _____

Are you a US citizen: YES NO If no, are you authorized to work in the US? _____
Provide documentation

Have you ever been convicted of a felony? YES NO IF yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other Certification: _____

References

Please list three professional references:

1.) Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

2.) Full Name: _____ Relationship: _____

Company: _____ Phone: _____

3.) Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference if not already listed? _____

Military Service

Branch: _____ From : _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Other: List of Accomplishments and Proficiencies

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application for interview may result in my release.

Signature: _____ Date: _____

Equal Opportunity Employer

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulation of compliance,

I: (Name of Employee) _____

Authorize Delaware Bulldozing Corp to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I also authorize the release of this information to my employer, or proposed employer.

Signature of Employee

Social Security Number

Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number

State

Date of Birth

Street Address & Mailing address

City

State

Zip

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number. It does not include information on vehicular accidents, driving violations and driver status.