Eubanks Equipment
Expect the Best

Application For Employment

Please fill out form completely for employment conisderation. Print legibly and return when finished. Prospective employees will receive consideration without discrimination becasue of race, creed, color, gender, sexual orientation, age, national origin, veteran or disibility status.

Personal Information

Last Name	First Name	Middle Name	Phone #
			( ) -

Street Address	City, State, Zip	Social Security Number
		- -

Yrs at Current Address	Any Driving Violations or Accidents in the past 5 years? If "Yes", please list:
	☐ Yes ☐ No

Are you over 18 years of age? ☐ Yes ☐ No If "no", employment is subject to verification of minimum legal age.	Are you elibile for employment in the United States? ☐ Yes ☐ No	Available Start Date

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ☐ Yes ☐ No

If "yes", please describe in full:

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accomodation)?

☐ Yes ☐ No

If "yes", please explain:

Education

	Name	Course of Study	# of Years Completed	Graduated
High School:				☐ Yes ☐ No
College:				☐ Yes ☐ No
Vo Tech:				☐ Yes ☐ No
Other:				☐ Yes ☐ No

Military

Branch of Service	Period of Active Duty	Rank at Discharge

Describe Duties and Special Training

Employment History

Are you currently employed? ☐ Yes ☐ No

If so, may we inquire of your present employer? ☐ Yes ☐ No

Please provide an accurate and complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	City and State	Phone ( ) -

Dates of Employment Start: End:	Hourly Rate	Job Title	Name of Supervisor

Reason for Leaving

Company Name	City and State	Phone ( ) -

Dates of Employment Start: End:	Hourly Rate	Job Title	Name of Supervisor

Reason for Leaving

Company Name	City and State	Phone ( ) -

Dates of Employment Start: End:	Hourly Rate	Job Title	Name of Supervisor

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.
Please list employer(s) not to contact and reasoning here:

References

Name	City/State	Relationship	Phone #
Name	City/State	Relationship	Phone #
Name	City/State	Relationship	Phone #

The information provided in this application for employment is true, correct and complete. If employed, any mistatements or ommisions of fact on this application may result in my dismissal. I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's Signature _____ Date _____