

# APPLICATION FOR EMPLOYMENT

Silver Spur Conveyor



P.O. Box 490  
Raven, VA 24639  
Phone: (276) 596-9414  
Fax: (276) 963-6921

**Personal Information** Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: Last First Middle

Address: Street City State Zip Code

Phone Number [Home]: ( ) Phone Number [Cell]: ( )

If you are related to anyone who is employed here please state name and department: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Employment Desired

Position: \_\_\_\_\_ Can Start: \_\_\_\_\_

Are you presently employed? If so may we inquire of your present employer?

Have you ever applied to this company before? When?

Will you work overtime if asked?

Do you have other special training or skills?

Do you have any surface or underground experience? If yes, how long?

What states do you have surface or underground cards for?

## Education

	NAME AND LOCATION OF SCHOOL	GRADUATED		MAJOR SUBJECTS	AVERAGE GRADES
		YES	NO		
High school or GED					
College					
Tread Business or Correspondence School					

## Criminal Record

Have you been convicted of a crime in the past ten years excluding misdemeanors and summary offences, which has not been annulled, expunged, or dealt by a court? If yes, please describe in full: \_\_\_\_\_

(CONTINUED ON OTHER SIDE)  
Application for Employment

**Former Employers**

(LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT)

Date Month and Year	Name and Address of Employers	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**Driving Record**

Do you have a valid license?

Do you have a CDL license?

Have you had any violation in the past 5 years?

**References**

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

Name	Phone	Business	Years Acquainted

**IN CASE OF EMERGENCY NOTIFY:**

NAME \_\_\_\_\_

( )

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. The Americans with Disabilities Act (Title 1 ) prohibits discrimination against persons with disabilities. Federal law also prohibits discrimination on the basis of age with regard to certain individuals.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACT CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANYTIME WITH OUT ANY PREVIOUS NOTICE.

Date \_\_\_\_\_

Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_

Date \_\_\_\_\_

**Silver Spur Conveyor**