



Applicant Acknowledgment Form

Thanks for your interest in Kevitt Excavating, LLC. Please fill out the attached employment application. Kevitt Excavating, LLC tests all applicants for drugs and/or alcohol after a conditional offer of employment is made. If you are given a conditional offer from Kevitt Excavating, LLC, you will be subject to a drug and/or alcohol test.

Kevitt Excavating, LLC
3335 Pennsylvania Ave N
Crystal, MN 55427
763-545-3557
www.kevittexcavating.com

Application for Employment

Our company is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

Date: _____

PERSONAL INFORMATION

Name: _____

Present Address: _____

Mailing Address: _____

Home Phone No: () _____ Alternate Phone No: () _____

EMPLOYMENT INFORMATION

If hired, can you submit verification of your legal right to work in the United States? YES NO Initial ____

Position Desired _____ Second Choice _____

Date you can start _____ Salary Expectation _____

Do you desire: Full Time Part Time On Call Temporary (specific dates available) _____

Are you willing to work- Weekends: Yes No Holidays: Yes No Days: Yes No Nights: Yes No

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

EMPLOYMENT EXPERIENCE

List names and addresses where you were employed during the last 5 years. Please begin with the most current.

****You must include the complete address including street, city, state, zip code and phone number****

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	

Telephone number(s)		Hourly Rate/ Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

EDUCATION

Type of School Attended	School name and location	Did you graduate YES/ NO	Diploma/ Degree	Grade point average	Major Course of Study
High School: circle highest grade completed 9 10 11 12					
Additional Education Vocational, Technical, University, College					
Additional Training/Qualifications					

SPECIAL SKILLS AND QUALIFICATIONS

PROFESSIONAL REFERENCES

List names and contact information of three professional references. Professional references may include previous co-workers, supervisors, instructors, teachers, or other individuals who are familiar with your professional experiences.

NAME OF REFERENCE	COMPANY NAME	JOB TITLE	TELEPHONE NUMBER

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the

accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Applicant's Signature

Date

App Created 04/14/2014