



info@thedirthunter.com

(810)-957-0000

APPLICATION FOR EMPLOYMENT

The Dirt Hunter LLC is an equal opportunity employer. The Company does not discriminate on the basis of age, race,

color, religion, sex, ancestry, creed, national origin, individuals with disabilities, marital status, sexual and affection preferences, or any other type of discrimination prohibited by any local, state or federal law.

Application must be completed in full to be considered for employment

POSITION APPLIED FOR: _____ () Full-time () Part-time DATE: _____

HOW DID YOU LEARN ABOUT US? _____ REFERRED BY: _____

APPLICANTS NAME: _____

(Please Print) LAST FIRST MIDDLE

SOCIAL SECURITY #: _____ TELEPHONE: _____ CELL: _____

CURRENT ADDRESS: _____

STREET UNIT # CITY STATE ZIP

HOW LONG HAVE YOU LIVED THERE? _____ E MAIL ADDRESS _____

YEARS/MONTHS

If less than 5 years at the current address:

PREVIOUS ADDRESS: _____

STREET UNIT # CITY STATE ZIP

HOW LONG DID YOU LIVE THERE? _____

YEARS/MONTHS

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THE DIRT HUNTER? () YES () NO

IF YES, PLEASE COMPLETE: _____

NAME

RELATIONSHIP

HAVE YOU EVER USED ANOTHER NAME? () YES () NO

IF YES, NAME USED: _____

IS THERE ADDITIONAL INFORMATION RELATIVE TO A CHANGE OF NAME, OR NICKNAME, NECESSARY TO ENABLE A BACKGROUND, WORK, AND EDUCATIONAL RECORD CHECK?

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PLEADED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A MISDEAMEANOR OR FELONY? () YES () NO

IF YES, PLEASE GIVE DATE(S) AND DETAILS: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. THIS DOES NOT INCLUDE MINOR TRAFFIC INFRACTIONS, AND CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED, ANY CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED, REFERRALS TO AND PARTICIPATION IN ANY PRETRIAL OR POST TRIAL DIVERSION PROGRAMS, AND MISDEMEANOR MARIJUANA-RELATED OFFENSES THAT OCCURRED OVER TWO (2) YEARS AGO.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? () YES () NO

IF YES, PLEASE EXPLAIN:

MAY WE CONTACT YOUR CURRENT EMPLOYER?: () YES () NO

IF NO, PLEASE EXPLAIN:

IS THERE ANYTHING YOU WISH TO AVOID IN A NEW JOB? _____

RECORD OF PREVIOUS EMPLOYMENT

PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIOD OF UNEMPLOYMENT. IF SELF-EMPLOYED, DESCRIBE

BUSINESS AND SUPPLY BUSINESS REFERENCES. ADD ADDITIONAL PAGE IF NECESSARY. COMPENSATION SECTION MUST BE COMPLETED. PLEASE COMPLETE IN FULL FOR MINIMUM PAST FOUR EMPLOYERS.

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

COMPENSATION:

FROM: _____ MONTH/YEAR

START: \$ _____ PER: _____

TO: _____ MONTH/YEAR

FINAL: \$ _____ PER: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

COMPENSATION:

FROM: _____ MONTH/YEAR

START: \$ _____ PER: _____

TO: _____ MONTH/YEAR

FINAL: \$ _____ PER: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

COMPENSATION:

FROM: _____ MONTH/YEAR

START: \$ _____ PER: _____

TO: _____ MONTH/YEAR

FINAL: \$ _____ PER: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

PLEASE EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY:

PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU MAY HAVE THAT YOU BELIEVE TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE US? (PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. IS A CONDITION OF EMPLOYMENT)
() YES () NO.

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? () YES () NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? () YES () NO

ARE YOU BOUND BY PROVISIONS OF A NON-COMPETE, PROPRIETARY, OR CONFIDENTIALITY AGREEMENT? () YES () NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? () YES () NO

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST THREE YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?

_____ YEAR
NUMBER OF DAYS YEAR NUMBER OF DAYS YEAR NUMBER OF DAYS

EDUCATION				
	<i>Years Completed</i>	<i>Diploma/Degree</i>	<i>Describe Course of Study/Major</i>	<i>School Name</i>
High School				
College/University				
Graduate or Professional				
Trade or Correspondence				
Other				

PERSONAL REFERENCES				
<i>Please list persons who know you well who are not previous employers or relatives.</i>				
<i>Name</i>	<i>Occupation</i>	<i>Address</i>	<i>Telephone #</i>	<i># of years known</i>

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS FILLED OR FOR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

I certify that all of the information I have provided on this application is true and accurate.

Signature of Applicant

Date

For Office Use Only Below This Line:

Interviewed On: _____

Interviewed By: _____

Employment Documents Given On: _____