

EMPLOYMENT / SUB-CONTRACTOR APPLICATION



Name: _____
SSN/EIN: _____ Date: ____/____/____
Position: _____

PERSONAL INFORMATION

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Other: _____ - _____ - _____ (____)

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

Drivers License #: _____ Issue State: _____ Expiration: ____/____/____

Auto Policy Agency: _____ Policy #: _____ Expiration: ____/____/____

Prof. Liability Agency: _____ Policy #: _____ Expiration: ____/____/____

- Valid copies of driver's license, auto insurance, professional liability insurance, and workers compensation certificate must be provided if hired
- Professional liability and workers compensation not required for employment positions.

DRIVING INFORMATION

(COMPLETE THIS SECTION ONLY IF APPLYING FOR DRIVING POSITIONS)

Are you able to pass a DOT physical? _____ If "no", please explain: _____

Have you been involved in any traffic accidents in the last 3 years? _____ If "yes", please explain: _____

Do you have a "clean" driving record, consisting of 1 or fewer traffic tickets in the past 3 years? _____ If "no", please explain: _____

Would you be able to pass a random drug screening? _____ If "no", please explain: _____

- Inability to pass a DOT physical or random drug screening may automatically eliminate you from consideration for driving positions.
- Driving record and accident history will be considered on a case by case basis depending on their nature and your insure-ability.

BACKGROUND INFORMATION

Have you ever been convicted of a felony? _____ If "yes", what charge(s)? _____

Jurisdiction (city/state): _____ Date of conviction: ____/____/____

- A felony conviction will NOT automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are taken into consideration.

EDUCATION

High School Name: _____ City/State: _____ Degree/Grade comp: _____

College/University/Trade/Professional School (list names, location, dates attended, major/minor, and degree):

Name: _____ Position: _____ Date: _____

SNOW REMOVAL EXPERIENCE

Have you worked in the snow removal industry in the past? _____ When? _____

What type of snow removal equipment have you used? _____

How would you describe your work habits as it relates to equipment operation in snow removal? _____

Have you ever been involved in an accident while operating snow removal equipment? _____ If "yes," please explain: _____

Are you familiar with various deicing chemicals and techniques? _____ If "yes", please explain: _____

Are you available 24 hours/day 7 days/week from November 1 through March 31? _____ If "no" please explain: _____

Are you physically capable of lifting and carrying up to 80lbs? _____ If "no" please describe any restrictions you may

have: _____

- We are an equal opportunity employer; however some positions require certain physical capabilities.

WORK HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include Military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Last or Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone #: _____ - _____ - _____

Dates Worked: ____/____/____ to ____/____/____ Job Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Next Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone #: _____ - _____ - _____

Dates Worked: ____/____/____ to ____/____/____ Job Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Name: _____ Position: _____ Date: _____

Next Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone #: _____ - _____ - _____

Dates Worked: ____/____/____ to ____/____/____ Job Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Next Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone #: _____ - _____ - _____

Dates Worked: ____/____/____ to ____/____/____ Job Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

ADDITIONAL SKILLS

Please list any additional knowledge, skills, or abilities you possess and believe relevant to the position you are seeking:

REFERENCES

Name: _____ Relationship: _____ Years known: _____

Address: _____ Phone #: _____ - _____ - _____

Name: _____ Relationship: _____ Years known: _____

Address: _____ Phone #: _____ - _____ - _____

Name: _____ Relationship: _____ Years known: _____

Address: _____ Phone #: _____ - _____ - _____

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Wizard Snow Removal for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____ Date: ____/____/____