



# John Keene Excavation, Inc.

PO Box 563 - #25 Old Stage Road  
 West Tisbury, MA 02575  
 508.693.5975 office@johnkeene.com

## Application for Employment

Pre-Employment Questionnaire: Equal Opportunity Employer

|                             |                           |                  |
|-----------------------------|---------------------------|------------------|
| <b>NAME:</b>                |                           |                  |
| <b>MAILING ADDRESS:</b>     |                           |                  |
| <b>TOWN:</b>                | <b>STATE:</b>             | <b>ZIP CODE:</b> |
| <b>RESIDENTIAL ADDRESS:</b> |                           |                  |
| <b>TOWN:</b>                | <b>STATE:</b>             | <b>ZIP CODE:</b> |
| <b>PHONE:</b>               | <b>CELL PHONE:</b>        |                  |
| <b>DATE OF BIRTH:</b>       | <b>SOCIAL SECURITY #:</b> |                  |
| <b>EMAIL ADDRESS:</b>       |                           |                  |

## Employment Desired

|                              |  |
|------------------------------|--|
| <b>POSITION DESIRED:</b>     |  |
| <b>START DATE:</b>           | <b>SALARY DESIRED:</b>                               |
| <b>ARE YOU EMPLOYED NOW:</b> | <b>IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?</b> |

## Former Employers

|                          |                            |
|--------------------------|----------------------------|
| <b>NAME OF EMPLOYER:</b> |                            |
| <b>POSITION:</b>         | <b>FROM / TO:</b>          |
| <b>SALARY:</b>           | <b>REASON FOR LEAVING:</b> |
| <b>NAME OF EMPLOYER:</b> |                            |
| <b>POSITION:</b>         | <b>FROM / TO:</b>          |
| <b>SALARY:</b>           | <b>REASON FOR LEAVING:</b> |
| <b>NAME OF EMPLOYER:</b> |                            |
| <b>POSITION:</b>         | <b>FROM / TO:</b>          |
| <b>SALARY:</b>           | <b>REASON FOR LEAVING:</b> |

## Educational History

|                                  |                          |
|----------------------------------|--------------------------|
| <b>HIGH SCHOOL:</b>              |                          |
| <b>YEARS ATTENDED:</b>           | <b>DID YOU GRADUATE:</b> |
| <b>SUBJECTS STUDIED:</b>         |                          |
| <b>COLLEGE:</b>                  |                          |
| <b>YEARS ATTENDED:</b>           | <b>DID YOU GRADUATE:</b> |
| <b>SUBJECTS STUDIED:</b>         |                          |
| <b>TRADE OR BUSINESS SCHOOL:</b> |                          |
| <b>YEARS ATTENDED:</b>           | <b>DID YOU GRADUATE:</b> |
| <b>SUBJECTS STUDIED:</b>         |                          |

## General Information

|  |
|--|
| <b>SUBJECT OF SPECIAL STUDY / RESEARCH WORK:</b> |
| <b>SPECIAL TRAINING:</b>                         |
| <b>SPECIAL SKILLS:</b>                           |
| <b>U.S. MILITARY SERVICE:</b>                    |

## References

|                  |                        |
|------------------|------------------------|
| <b>BUISNESS:</b> |                        |
| <b>NAME:</b>     | <b>CONTACT NUMBER:</b> |
| <b>BUISNESS:</b> |                        |
| <b>NAME:</b>     | <b>CONTACT NUMBER:</b> |
| <b>BUISNESS:</b> |                        |
| <b>NAME:</b>     | <b>CONTACT NUMBER:</b> |
| <b>BUISNESS:</b> |                        |
| <b>NAME:</b>     | <b>CONTACT NUMBER:</b> |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all my statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the U.S. and to complete the required employment eligibility verification document form upon hire.

|                   |
|-------------------|
| <b>SIGNATURE:</b> |
| <b>DATE:</b>      |