



BLACK DIAMOND
SEALCOATING

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____

SELECT AVAILABILITY: FULL TIME OR PART TIME

GENERAL INFORMATION

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Oregon Driver's License: Yes No Current: Yes No

Are You A United States Citizen? Yes No

If No, Are You Legally Authorized To Work In The United States? Yes No

EDUCATION

Educational Institute: _____

Graduated: Yes No

Certificate or Degree Received: _____

Educational Institute: _____

Graduated: Yes No

Certificate or Degree Received: _____

EMPLOYMENT

Present or Most Recent Employer: _____

Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Reason for Leaving: _____

Employer #2: _____

Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Reason for Leaving: _____

Employer #3: _____

Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Reason for Leaving: _____

SKILLS & QUALIFICATIONS

Rate the different skills and describe if applicable the qualifications you have that pertain to the position you are seeking with this company.

Organization: (1 to 10) _____

Computer: (1 to 10) _____

Equipment maintenance: (1 to 10) _____

Select any specific experience: Crack Filling Sealcoating Line striping Driving a truck Trailer

Sales or Marketing: (1 to 10) _____

Other: (1 to 10) _____

Equipment maintenance: (1 to 10) _____

WORK REFERENCES

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

SIGNATURE AND ATTESTATION

I Certify That The Information I Have Provided In This Employment Application Is Accurate To The Best Of My Knowledge. I Understand That Providing False Information Could Eliminate The Chance For Employment With This Company. I Also Authorize All Persons, Companies And Institutions Listed On This Application To Provide Information To My Potential Employer.

Signature of Applicant

Date

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number: credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including but not limited to addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.