

**DARBY CREEK EXCAVATING
JOB APPLICANT
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION (EEO)**

The below information will be used for EEO purposes, in order to be compliant with the State & Federal laws and guidelines. The form is completely voluntary and will have no impact on your employment eligibility. Thank you for your cooperation.

Date: _____

Name: _____

Position you are applying for: _____

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY TO YOU:

() Male () Female

() White Persons having origins in any of the original people of Europe, North Africa or the Middle East.

() Black Person having origins in any of the Black racial groups.

() Hispanic Persons of Mexican, Puerto Rican, Cuban, Central of South America or other Spanish culture or origin, regardless of race

() Native American/Alaskan Native

Persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.

() Asian/Pacific Islanders

Persons having origins in any of the original peoples of the far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

() Disability Individual with a physical or mental impairment which substantially limits one or more of the person's major activities.

() Veteran Status

() Disabled () Vietnam Era () Desert Storm/Shield

How did you hear about this position? _____
(Family, Friend, Newspaper, Local OBES)

APPLICATION FOR EMPLOYMENT

TODAY'S DATE _____ POSITION APPLYING FOR _____

SALARY DESIRED _____ AVAILABLE START DATE _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ S.S# _____ DATE OF BIRTH _____

DO YOU HAVE VALID OHIO DRIVERS LICENSE _____ ANY VIOLATIONS _____

IF YOU HAVE VIOLATIONS, EXPLAIN _____

CAN YOU WORK OVERTIME AND/OR WEEKENDS _____

EDUCATION

HIGH SCHOOL _____ CITY _____ STATE _____ YEARS _____

COLLEGE _____ CITY _____ STATE _____ YEARS _____

COURSE OF STUDY _____

OTHER SKILLS _____

PREVIOUS EMPLOYMENT

NAME _____ PHONE NUMBER _____

ADDRESS: _____

POSITION _____ PAY RATE _____ SUPERVISOR _____

FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

NAME _____ PHONE NUMBER _____

ADDRESS: _____

POSITION _____ PAY RATE _____ SUPERVISOR _____

FROM _____ TO _____

DUTIES _____

REASON FOR LEAVING _____

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IN CASE OF EMERGENCY NOTIFY _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE# _____ WORK PHONE# _____

LABORER EXPERIENCE
