



BLUEGRASS CONTRACTING CORPORATION

P.O. Box 11638 Lexington, KY 40576 Ph: (859) 231-0069 Fax: (859) 281-6457
www.bluegrasscontracting.com

APPLICATION FOR EMPLOYMENT

NAME: _____ SOCIAL SECURITY #: _____
(Last) (First) (Middle)

ADDRESS: _____ HOME PHONE #: _____
(Street)

(City) (State) (Zip) CELL #: _____

EMAIL ADDRESS: _____

REFERRAL SOURCE (How did you hear about us?): _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? (If yes list dates & supervisor): _____

POSITION(S) APPLYING FOR (Be Specific): _____

DATE AVAILABLE FOR WORK: ____/____/____

TYPE EMPLOYMENT DESIRED: ___Full-Time ___Part-Time ___Temporary ___Seasonal

ARE YOU OVER THE AGE OF 18? YES: _____ NO: _____

ARE YOU WILLING TO WORK OVERTIME/WKND S IF NECESSARY? YES: _____ NO: _____

ARE YOU WILLING TO TRAVEL? YES: _____ NO: _____

CAN YOU PERFORM DUTIES OF JOB YOU'RE APPLYING FOR? YES: _____ NO: _____

DRIVING HISTORY

If applying for a position which may require you to drive a vehicle, please answer the following:

Driver's License #: _____ State: _____ Expiration Date: _____

CDL License #: _____ Endorsements: _____

Have you ever had any traffic violations or motor vehicle accidents within the past three (3) years?

YES: ____ NO: ____ If yes, list dates and nature of violation(s) and/or accident(s): _____

EDUCATION

(Elementary/High School)

(College)

Please circle last year completed 1 2 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 Degree: _____

SKILLS SUMMARIZE ANY TRAINING THAT MAY ASSIST YOU IN PERFORMING THE POSITION YOU

ARE APPLYING FOR (Including special skills, licenses, certifications, apprenticeship, vocational

school, equipment and machines operated): _____

Equal Opportunity Employer



MILITARY SERVICE

Branch & Length of Service: _____ MOS: _____

Present Classification: _____ Type of Discharge: _____

EMPLOYMENT HISTORY (Please explain any lapses in time (i.e. months, years) of employment):

Employer #1 (present or most recent):

Company: _____ Supervisor: _____

Address: _____ Telephone: _____

Employed From (Month and Year): _____ to _____ Wkly Pay: Start: _____ Finish: _____

List Job Title and Describe Your Work: _____

_____ Reason for Leaving: _____

Employer #2 (present or most recent):

Company: _____ Supervisor: _____

Address: _____ Telephone: _____

Employed From (Month and Year): _____ to _____ Wkly Pay: Start: _____ Finish: _____

List Job Title and Describe Your Work: _____

_____ Reason for Leaving: _____

Employer #3 (present or most recent):

Company: _____ Supervisor: _____

Address: _____ Telephone: _____

Employed From (Month and Year): _____ to _____ Wkly Pay: Start: _____ Finish: _____

List Job Title and Describe Your Work: _____

_____ Reason for Leaving: _____

DO NOT CONTACT: Employer Number(s): _____ Reason: _____

PERSONAL REFERENCES: List names and telephone numbers of personal or additional work references who are not related to you and are not previous supervisors.

Name	Relationship To You	Phone No.	No. of Years Known
_____	_____	_____	_____
_____	_____	_____	_____

Read statement carefully before signing this application:

I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation from my employment. By signing this application, I agree to a MVR (Motor Vehicle Report) check on my driving record. Before employment with Bluegrass Contracting Corporation, I will submit to a drug screen test by a doctor and lab selected by the Company. I grant permission to perform reference checks with employers listed on this application, except as noted above. If employed, I agree to abide by all rules and regulations of the Company.

Signature: _____ Date: _____