



APPLICANT INSTRUCTIONS

- * If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.
* Please read "APPLICANT NOTE" below.
* Complete both sides of this page
* If more space is needed to complete any question, use comments section at the bottom of this page.
* Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
* Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An Applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
* DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

CURRENT ADDRESS: _____
STREET
CITY STATE ZIP

PRIOR ADDRESS: _____
STREET
CITY STATE ZIP

EMAIL ADDRESS: _____

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, material status, race, color, age creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY For which position are you applying?
What date can you start: _____ What category would you prefer? [] Full-time [] Part-time [] Temporary [] Labor Pool
For which schedules are you available? [] Weekdays [] Weekends [] Evenings [] Nights [] Overtime [] Shift [] Other _____

* reasonable efforts will be made to accommodate religious beliefs and practices.
JOB-RELATED SKILLS NOTE: Do not fill out any part of this section you believe to be non-job related.

- [] Yes [] No If the job requires, do you have the appropriate valid drivers license?
Name on license: _____ DL# _____ Type _____ State of Issue _____
[] Yes [] No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or the company. _____
[] Yes [] No Have you been given a job description or and the essential functions of the job explained to you?
[] Yes [] No Do you understand these essential functions?
[] Yes [] No Can you perform the essential functions of this job with or without reasonable accommodation?
List languages in which you are fluent. _____
List states and counties of residence for the past seven years _____

- SECURITY
[] Yes [] No Have you used any names or social Security Numbers other than the one given above?
[] Yes [] No Have you been convicted of a crime in the past seven years. If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

Table with 3 columns: INCIDENT, CITY/STATE, CHARGE. Rows 1 and 2.

HOW DID YOU HEAR ABOUT ZAK DIRT? _____

COMMENTS _____

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the *correct telephone numbers of past employees are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S.A, CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE _____ FAX _____
COMPANY NAME _____ CITY _____ STATE _____	
FROM _____ TO _____ DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____	
DUTIES _____	
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____	

SECOND MOST RECENT EMPLOYER	PHONE _____ FAX _____
COMPANY NAME _____ CITY _____ STATE _____	
FROM _____ TO _____ DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____	
DUTIES _____	
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____	

THIRD MOST RECENT EMPLOYER	PHONE _____ FAX _____
COMPANY NAME _____ CITY _____ STATE _____	
FROM _____ TO _____ DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____	
DUTIES _____	
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

EDUCATION

NOTE: do not fill out any part of this section you believe to be non - job related.

Please circle highest grade completed.

7 8 9 10 11 12 13 14 15 16 +

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize all former employers, person, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment

Signature _____	DATE _____
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ZAK DIRT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is **voluntary** and kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Zak Dirt, Inc. is an equal employment opportunity employer. The purpose of this section is to assist in monitoring Affirmative Action Programs to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____ Today's date: _____

Job Title: _____

Date of Birth: _____

RACE (Check One)

- White – origins in Europe, North Africa, or Middle East
- Asian – origins in Far East, S.E. Asia, India or Pacific Islands
- Black – origins in Africa
- Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- American Indian – origins in North America, to exclude Alaska
- Other

PHYSICAL CONDITION

- (1) Physically Handicapped (No Facility Modification)
- (2) Physically Handicapped (Facility Modification)
- (3) Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- (4) Mentally Handicapped (Learning Disabled)
- (5) No disabilities

SEX

- Male
- Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8-5-64 – 5-7-75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

PERSONAL AND CONFIDENTIAL

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS