

Stoy Excavating, Inc.

166 Stoney Hollow Road
Somerset, PA 15501
Phone: 814-443-4831 | Fax: 814-443-1060
PA Contractor ID: 029537

PERSONAL INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when?
Have you ever been convicted of a felony? YES NO

If yes, explain:

EDUCATION

High School: Address: YES NO Degree:
From: To: Did you graduate?

College: Address: YES NO Degree:
From: To: Did you graduate?

Other: Address: YES NO Degree:
From: To: Did you graduate?

REFERENCES

Please list three professional references.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

PERIODS OF EMPLOYMENT

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

KNOWLEDGE/SKILLS/ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

CERTIFICATION AND SIGNATURE

In Case of Emergency notify:

Name _____ Address _____ Phone No. _____

I am aware that any omissions, falsification, misstatements, or misrepresentation above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, and other individuals and organizations for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____ Date: _____