

Prime Contracting, LLC

P.O. Box 325

Scott Depot, WV

304-896-8670

Employment Application

PLEASE NOTE: It is important that you complete all arts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address				
Name (First, MI, Last)		Social Security Number		
Mailing Address				
City, State, Zip Code				
Telephone		Alternate Telephone		
If under 18, lease list age		Email		
Job Type				
Position Applying for: (Be specific)				
I am seeking a:	Full-time job	Part-time job	Full or Part-time job	
Can you work night shift?		Date available for work:		
Please list all equipment and amount of experience:				
Excavators	Dozers	Trucks	Loaders	Other
Please list all cerfications and dates held by you: (i.e. OSHA, 8 Hr. Re-training, MSHA, or State)				
Additional Information				
Have you ever been employed by this company in the past?			Yes	No
I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.			Yes	No
Have you ever been convicted of, entered a plea of guilty, no contest, or had a withheld judgment to a felony?			Yes	No
If yes, please explain:				

Do you have a driver's license?	Yes	No	Driver's license number	State
Have you had any accidents in the past three years?	Yes	No	How Many?	
Any traffic violations in the past three years?	Yes	No	How Many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or diploma
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High School

College or Business/Trade School

Military

Have you ever been in the Armed Forces?	Yes	No	Date Entered
Are you now a member of the National Guard?	Yes	No	Discharge Date

Military Occupational Specialty
Please list the jobs you held, duties performed, skills used and learned:

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last Supervisor	Hrs./week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used and learned:		

May we contact this employer?	Yes	No
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Company	Name of last Supervisor	Hrs./week
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Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used and learned:		
May we contact this employer?	Yes	No

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Address	Start Date	Starting Salary
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Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used and learned:		
May we contact this employer?	Yes	No

Company	Name of last Supervisor	Hrs./week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used and learned:		
May we contact this employer?	Yes	No

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives

- 1.)
- 2.)
- 3.)
- 4.)

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date