

May we contact them?

[] Yes[] No

## Application for Employment

Schutte Excavating, Inc. 921 W Keegans Way Greensburg, IN 47240 P: 812-614-2460 contact@schutteexcavating.com

		Desired Salary			
Date Available for Work:					
PERSONAL INFORMATION					
Last Name		rst Name	Middle	Middle	
Address				7:	
Address	Cit	ty	State	Zip	
hone Number:		Email address:			
Social Security Number:  Are you a U.S. Citizen?  [ ] Yes [ ] No		_			
Have you ever been convicted of a felony?	[ ] Yes[ ] No				
EDUCATION					
School Name	Location	Years Attended	Degree Received	Major	
Other training, certifications or license	es held:				
EMPLOYMENT					
Employer:			Dates Employed:		
Work Phone:	Pa	ay Rate: \$	to		
Address:					
City:		State:	Zip:		
Position:					
S. C. Santanana I					
Duties Performed:					
Supervisors Name and Title:					
Supervisors Name and Title:  Reason for leaving:					
Supervisors Name and Title:					
Supervisors Name and Title:  Reason for leaving:					
Supervisors Name and Title:  Reason for leaving:  May we contact them?  [ ] Yes [ ] No			Dates Employed:		
Supervisors Name and Title:  Reason for leaving:  May we contact them?  [] Yes[] No  EMPLOYMENT	Pa	ay Rate: \$	Dates Employed:		
Supervisors Name and Title:  Reason for leaving:  May we contact them? [ ] Yes [ ] No  EMPLOYMENT  Employer:	Pa	ay Rate: \$			
Supervisors Name and Title:  Reason for leaving:  May we contact them? [] Yes [] No  EMPLOYMENT  Employer:  Work Phone:	Pa	ay Rate: \$			
Supervisors Name and Title:  Reason for leaving:  May we contact them? [] Yes [] No  EMPLOYMENT  Employer:  Work Phone:  Address:	Pa		to		
Supervisors Name and Title:  Reason for leaving:  May we contact them?  EMPLOYMENT  Employer:  Work Phone:  Address:  City:	Pa		to		
Supervisors Name and Title:  Reason for leaving:  May we contact them? [] Yes[] No  EMPLOYMENT  Employer:  Work Phone:  Address:  City:  Position:	Pa		to		

EMPLOYMENT							
Employer:			Dates Employed:				
Work Phone:		Pay Rate:	\$	to			
Address:							
City:			State:	Zip:			
Position:							
Duties Performed:							
Supervisors Name and Title:							
Reason for leaving:							
May we contact them? [ ] Yes [ ] No							
REFERENCES							
Name	Title		Company	Phone			
Acknowledgement and Authorization	on .						
I certify that all answers given herein are true and complete to the best of my knowledge.							
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at							
an employment decision.							
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
•							
Signature:			Date:				