

# C-HAWKK CONSTRUCTION INC.



PO Box 449  
Eudora, KS 66025

Phone: 785.542.1800  
Fax: 785.542.1025



## Application for Employment

C-HAWKK CONSTRUCTION INC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box. Applications with missing or invalid job numbers will not be considered for any position.

Name (Last, First, Middle):			
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Cell Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this employment opportunity?			

### EDUCATION

Name of School	City/State	Did you graduate?	If Yes, date of Graduation	Degree received
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.				

**SKILLS:** Please list technical skills, trade skills, etc., relevant to this position.


**DRIVING QUALIFICATIONS**

DRIVER'S LICENSE	STATE	LISENCE #	TYPE	EXPIRATION

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX # OF MILES
STRAIGHT TRUCK			
TRACTOR & SEMI			
TRACTOR - TWO TRAILERS			
OTHER			

**ACCIDENT HISTORY**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS**

LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

Has any license, permit or privilege ever been suspended or revoked?

Yes  No

If the answer to either is yes, attach statement giving details.

**EMPLOYMENT HISTORY**

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a **“commercial motor vehicle”** as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*Were you subject to the FMCSR’s while employed?  Yes  No

\*\* Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CRF Part 40?  Yes  No

Employer

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*Were you subject to the FMCSR’s while employed?  Yes  No

\*\* Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CRF Part 40?  Yes  No

**GENERAL QUESTIONS**

Do you want to work:  Full time  Part-time?

Date you can start: \_\_\_\_\_

Are you available to work:  Weekends  Evenings  Holidays  Overtime

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize C-HAWKK CONSTRUCTION INC. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of C-HAWKK CONSTRUCTION INC. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_