

DURAN EXCAVATING, INC.  
14332 County Road 64  
Greeley, CO 80631  
(970) 351-0192

Application for Employment

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Email: \_\_\_\_\_

---

---

Employment Desired:

Position \_\_\_\_\_ Date you can start work \_\_\_\_\_

Salary Desired \$ \_\_\_\_\_ Are you employed now? \_\_\_\_\_

If so where? \_\_\_\_\_

---

---

Education:

Highest grade level completed \_\_\_\_\_

Name and Location of High School \_\_\_\_\_

College \_\_\_\_\_ Years attended \_\_\_\_\_

Trade school or special training \_\_\_\_\_

Do you have any of the following training and/or certifications?

\_\_\_Y \_\_\_N CPR/First Aid                      \_\_\_Y \_\_\_N Trench Safety / Confined Space

\_\_\_Y \_\_\_N OSHA Regulations                      \_\_\_Y \_\_\_N Other: \_\_\_\_\_

Please provide us copies of certifications received.

Previous Employment History:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title/ Duties: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title/ Duties: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title/ Duties: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title/ Duties: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title/ Duties: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list the "EQUIPMENT" operated and the "YEARS" of experience:

---

---

---

---

---

---

---

Do you have experience laying pipe? \_\_\_\_\_ What kind? \_\_\_\_\_  
What Size? \_\_\_\_\_

Do you have maintenance experience on heavy equipment? \_\_\_\_\_

Please detail: \_\_\_\_\_

\_\_\_\_\_

Do you have a current Colorado Driver's License? \_\_\_\_\_ CDL \_\_\_\_\_ Class \_\_\_\_\_

Driver's License or ID Number \_\_\_\_\_

For past employers, have you had any injuries? Yes  No

Have you ever claimed Workmen's Compensation? Yes  No

Have you ever been charged or convicted of a felony? Yes  No

Do you have any minor/ major health problems? Yes  No

If you answered yes to any of these questions above please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any prescribed medication? Yes  No

Applicant must list below any and all prescription medications they are currently taking, including milligrams, issue date and frequency of doses \_\_\_\_\_

\_\_\_\_\_

Please list any other information that you feel is important:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

Name: Phone Number: Years Known:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The information provided above on this application is correct to the best of my knowledge,

Signature \_\_\_\_\_ Date \_\_\_\_\_