



Jimmy Evans Company, Ltd.

General Contractors

P.O. Box 9749
Austin, TX 78766
(512) 288-7300

Employment Application

An Equal Opportunity Employer

This company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Position(s) Applied for: _____ **Today's Date:** _____

Applicant Information

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	State & Zip
_____	_____	
How long at this address?	Email Address	
_____	_____	
Home Phone	Cell Phone	

How were you referred to the Company? Job Post Friend Relative Walk-In Other: _____
(circle those that apply)

Have you ever applied to the Company before? Yes No

If Yes, provide date(s): _____

Have you ever worked for the Company before? Yes No

If Yes, provide date(s): _____

Do you have friends, relatives, or acquaintances working for the Company? Yes No

If Yes, provide name(s) and relationship: _____

If Hired, would you have reliable transportation to/from work? Yes No

Are you over the age of 18? Yes No

(If under 18 yrs old, hire is subject to verification of minimal legal age.)

If Hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the US? Yes No

If Hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job(s) for which you are applying, either with or without reasonable accommodation? Yes No

If No, describe the functions that cannot be performed: _____

(Note: The Company complies with the ADA and considers reasonable accommodation measures that may be

necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)



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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If Yes, please describe the crime, state the nature of the crime(s), when and where convicted, and the disposition of the case: _____

Emergency Contact:

Name: _____ Address: _____

Work Phone: _____ Cell Phone: _____ Relationship: _____

Education, Training, and Experience

	School Name & Address	Course of Study	# of Yrs	Diploma/Degree
High School				
College / University				
Other				
Branch and Rank		Related Details	# of Yrs	Skills/Duties
Military				

Indicate which of the following you can operate effciently.

Equipment	Years Experience	Equipment	Years Experience
Dozer		Service Truck	
Backhoe		Water Truck	
Loader		Haul Truck	
Scraper		Articulated Dump Truck	
Excavator (Trackhoe)		End Dump	
Roller		Super Dump	
Grader (Blade)		Surveying Instruments	
Skid Steer		GPS Equipment on Machines	
AGT Tractor		Other	

Additional Information

Do you speak, read, write, or understand any foreign languages? Yes No
If Yes, describe which language(s) and how fluent you consider yourself to be _____

Do you have any other experience, training, qualificaitons, or skills which you feel should be brought to our attention, in the case that they make you especially sutied for working with us? Yes No
If Yes, please explain: _____



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Employment History

Are you currently employed? Yes No
If Yes, may we contact your current employer? Yes No
Please list your last three (3) employers below, starting with the most recent employment.
Employer Name: _____ **Supervisor Name:** _____
Address: _____ **Dates of Employment**
Telephone Number(s): _____ **From** _____ **To** _____
Job Title: _____ **Hourly Rate/Salary**
Work Performed: _____ **Start** _____ **End** _____
Reason for Leaving: _____

Employer Name: _____ **Supervisor Name:** _____
Address: _____ **Dates of Employment**
Telephone Number(s): _____ **From** _____ **To** _____
Job Title: _____ **Hourly Rate/Salary**
Work Performed: _____ **Start** _____ **End** _____
Reason for Leaving: _____

Employer Name: _____ **Supervisor Name:** _____
Address: _____ **Dates of Employment**
Telephone Number(s): _____ **From** _____ **To** _____
Job Title: _____ **Hourly Rate/Salary**
Work Performed: _____ **Start** _____ **End** _____
Reason for Leaving: _____

References

List below three (3) professional references who have knowledge of your work ethic, skill, and performance within the last four (4) years.

Full Name: _____
Address: _____
Telephone Number(s): _____

Occupation: _____
of Yrs Acquainted: _____

Full Name: _____
Address: _____
Telephone Number(s): _____

Occupation: _____
of Yrs Acquainted: _____

Full Name: _____
Address: _____
Telephone Number(s): _____

Occupation: _____
of Yrs Acquainted: _____



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Please Read and Initial Each Paragraph, then Sign Below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge & ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application, or if I am employed by this company, terms for my immediate expulsion from the company. _____

I understand that if I am employed, my employment is not definite & can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment, education record, & any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, & all other persons, corporations, partnerships, & associations from any & all claims, demands, or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____ **Date:** _____