	<h1>EP CONTRACTING, INC.</h1>	INITIAL ISSUE DATE:	JAN 2025
		REVISION DATE:	
		REVISION NO:	
		NEXT REVISION DATE:	JAN 2026
<h2>APPLICATION FOR EMPLOYMENT</h2>			
APPROVED BY: ERIC PRATT - PRESIDENT		APPROVED: DECEMBER 2024	
		PREPARED BY: HR DEPT	

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard race, color, religion, age, marital status, veteran status, non-job-related disability, or any other protected group status. Please Print Legibly.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Contact Phone
Mailing Address	City	State and Zip Code	Birthdate
Email		Are you legally entitled to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License # and State	Valid License <input type="checkbox"/> Yes <input type="checkbox"/> No CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how long since leaving last employment?	
Have you worked for HVI before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when did you leave?	


POSITION

Position(s) you are applying for?	Date Available:	Social Security #
Are you able to complete the essential function of the job your applying for without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any physical limiting conditions that would hinder lifting requirements to complete the job are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION AND TRAINING

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed including college?
Vocational School Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated. <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL SKILLS

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List all pertinent skills and training:

List types of equipment that you can operate:

ACCIDENT INJURY RECORD (For the past 3 years. If more space is required, attach sheet. If none, write none.)

DATES OF ACCIDENT	NATURE OF ACCIDENT	INJURIES

MOTOR VEHICLE TRAFFIC VIOLATIONS/CONVICTIONS and Forfeitures for the past 3 years other than parking violations

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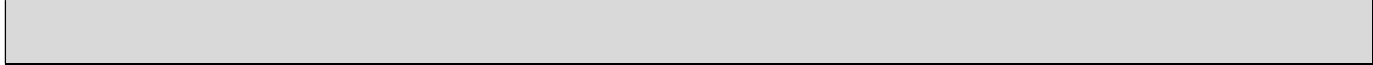
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Location	Date	Charge	Penalty

WORK RELATED EXPERIENCE (Most Recent First) (Include voluntary and military experience)

Employer:	Telephone:	From (month/year)
Address:		To (month/year)
Job Title:	Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week
Specific Duties:		Last Salary
		Supervisor



Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer:	Telephone:	From (month/year)
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Address:	To (month/year)
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Job Title:	Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone:	From (month/year)
Address:		To (month/year)
Job Title:	Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and **DRUG-FREE POLICIES** of this company. Interviewed and accepted applicants will be required to read and sign pre-employment package and if hired read and sign new hire packet as well.

Signature of Applicant _____ Date: _____

Please email completed application to <mailto:e.pratt@epcontractinginc.com>