



JW HUGHES EXCAVATION INC

790 ST. HWY 220
HICO, TX 76457

980 HUMBLE CAMP RD
PLEASANTON, TX 78064

254-796-4799 (OFFICE)
254-796-2800 (FAX)

830-569-4545 (OFFICE)
830-569-4546 (FAX)

www.jwhughes.net

INFORMATION

NAME (LAST NAME FIRST)		EMERG. CONTACT NAME	PHONE	RELATIONSHIP
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	

HOME PHONE NUMBER	CELL PHONE	REFERRED BY
ARE YOU OVER 18? YES NO	ARE YOU ELIGIBLE TO WORK IN THE US? YES NO	DO YOU HAVE A VALID DRIVERS LICENSE? YES NO IF NO, PLEASE EXPLAIN:

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	

HAVE YOU RECEIVED ANY DRIVING CITATIONS OR BEEN INVOLVED IN ANY ACCIDENTS IN THE PAST 2 YEARS? IF YES, PLEASE EXPLAIN:

RELATED EXPERIENCE (LIST/DESCRIBE EXPERIENCE OR SKILLS RELATED TO HEAVY EQUIPMENT INDUSTRY)

MILITARY SERVICE (BRANCH AND DATES OF SERVICE)			M.O.S.	RANK
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

HIGHS LEVEL OF EDUCATION COMPLETED: _____

REFERENCES

NAME	PHONE	RELATIONSHIP

⇒ Have you ever been convicted of a felony? Explain _____

Do you have a CDL? If so, what class? _____

⇒ Do you have any objections to a drug test? _____

AUTHORIZATION

"I certify that the fact contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous\us employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____