



This application must be completed in full.

Dixie Construction Company, Inc.

Since 1968

Dixie Construction Company, Inc. is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veterans status, or the presence of a non-job related medical condition or disability.

DATE OF APPLICATION: _____
POSITION APPLIED FOR: _____

HOW DID YOU HEAR ABOUT THE POSITION YOU APPLIED FOR:

Newspaper: _____ Friend: _____ MD Job Bank: _____
(name of): (name): (County):

Internet: _____ Other Organization: _____

NAME:

(last) (first) (middle)

ADDRESS: _____
(street) (city) (state) (zip code)

PHONE: ()-_____-_____- SOCIAL SECURITY #:_____-_____-_____- MARTIAL STATUS: _____

DATE OF BIRTH _____ PLACE OF BIRTH: _____

Have you ever filed an application here before? Yes () No ()

Have you ever been employed here before? Yes () No ()

If yes, which department? _____

If yes, employments dates: _____ to _____

Does any of your friends or relatives work here? Yes () No ()

If yes, who 1.) _____ 2.) _____

Are you a citizen of the United States? Yes () No ()

If no, do you possess an Alien Registration Card? Yes () No ()

If yes, Alien Registration Number: _____

Do you have a valid drivers license? Yes () No () What State? _____

Drivers License Number: _____

Class _____ CDL Yes () No () If yes, list endorsements: _____

Has your drivers license ever been suspended or revoked? Yes () No ()

If yes, what year? _____ Is it still suspended or revoked? Yes () No ()

If yes, please explain: _____

Are you on Lay-off from another company? Yes () No ()

If yes, from which company: _____

If yes, are you subject to recall: Yes () No ()

Are you able to provide your own transportation to the jobsite within 30 miles of the shop?

Yes () No ()

Are you willing to work in excess of 40 hours per week? Yes () No ()

If No, please explain: _____

Are you willing to work night shift, if needed? Yes () No ()

Can you travel outside of home for overnights stays or a week stay? Yes () No ()

Are you willing to work Saturday and/or Sunday, if needed? Yes () No ()

Have you previously been injured on a job? Yes () No ()
 If yes, what year: _____
 Do you have a doctors release form to return to full duty? _____
 Please provide Dixie Construction with a copy of the Doctors release form.
 If yes, please explain: _____

Were you eligible to collect Workers Compensation Benefits as a result of your injury?
 Yes () No () If yes, for how long? _____

Have you ever been convicted for a felony? Yes () No ()
 If yes, please explain: _____

Are you currently on probation? Yes () No ()
 If yes, please explain: _____

Do you currently have any Child Support or Wage attachments against you? Yes () No ()
 If yes, please provide the Payroll Department with copies.

Do you have any physical conditions that may affect your work or be worsened by your work:
 (Ex: bad back, asthma, knee injury, hernia, heart conditions etc.) Yes () No ()
 If yes, please explain: _____
 If you had a surgery, when? Date: _____

EDUCATION					
	ELEMENTARY	JR HIGH	SR HIGH	COLLEGE	VO TECH
SCHOOL NAME					
YEARS ATTENDED					
DIPLOMA/ DEGREE	XX XX				
COURSE OF STUDY	XX XX				

Describe specialized training, apprenticeship, skills and any other training that you feel pertains to the position for which you are applying for: _____

If you are applying for an Equipment Operator position, list any types of equipment that you have experience operating: (EX: CASE 580 Backhoe)

Only if you are applying for a Foreman or Superintendent position, please attach a resume. (Do not complete Employment experience section)

PERSONAL REFERENCES:

List at least 3 references below: Include name, address, complete phone number and relationship to you.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Employer:	Date From: _____ To: _____
Address:	Positions Held:
Phone #	Hourly Rates or Salary:
Supervisor name:	
Reason for leaving: (be specific)	
Duties Performed:	

Employer:	Date From: _____ To: _____
Address:	Positions Held:
Phone #	Hourly Rates or Salary:
Supervisor name:	
Reason for leaving:	
Duties Performed:	

Employer:	Date From: _____ To: _____
Address:	Positions Held:
Phone #	Hourly Rates or Salary:
Supervisor name:	
Reason for leaving:	
Duties Performed:	

Employer:	Date From: _____ To: _____
Address:	Positions Held:
Phone #	Hourly Rates or Salary:
Supervisor name:	
Reason for leaving:	
Duties Performed:	

REQUESTED RATE OF PAY: _____ \$ _____

IMPORTANT:

NOTE: THIS APPLICATION IS GOOD FOR (2) TWO WEEKS FROM DATE OF FILING.

Requirements:

1. Please provide a copy of your social security Card.
2. Please provide a copy of your Drivers License. If you do not have a Drivers License, please provide the office with a Identification Card issued by the Motor Vehicle Administration.
3. If you are applying for a drivers position (CDL, Foreman and/or Superintendent), please provide Dixie Construction with a current (no more than 30 days old) driving record. (3 Year non-certified driving record)
4. All sections of this application must be completed in its entirety to be considered for a position within this company.

AGREEMENT:

1. I certify that the answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving to an employment decision.
3. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in immediate discharge. I also understand that I am required to abide by all rules and regulation of Dixie Construction Company, Inc.

4. I further understand that Dixie Construction Company Inc. is a drug free and smoke free workplace and if hired, I agree to abide by their drug/alcohol policy including but not limited to the following:

All new hires with a CDL license will be scheduled immediately to an authorized facility.
 All other new hired employees with a hire date on or after November 6, 2002 will be scheduled for an in-house drug/alcohol tested prior to your 1st date of active employment.
 If: the test results are negative - you will remain an active employee but will be subject to random drug testing.
 If: The test results are positive or I refuse the drug/alcohol testing, I will not be employed with Dixie Construction Company, Inc.

It is my understanding that the first 30 days of my employment with Dixie Construction Company, Inc. are probationary and that at any time during this period, I may be terminated for any reason and without stated cause.

Signature:

Date:

OFFICE USE ONLY

REMARKS: _____

EMPLOYED: YES () NO ()

DATE OF EMPLOYMENT: _____

JOB TITLE: _____

HOURLY RATE OR SALARY:\$ _____

FOREMAN: _____

WHO HIRED? _____

DO YOU WANT THIS EMPLOYEE TO BE APPROVED TO DRIVE? IF YES, PLEASE SUBMIT A DRIVING RECORD TO THE PAYROLL DEPARTMENT. PLEASE ALLOW 5 WORKING DAYS TO BE APPROVED.

NOTE: THIS NEW HIRE IS NOT ALLOWED TO BE PLACED ON A DIXIE JOBSITE UNLESS THIS APPLICATION AND EMPLOYMENT PACKAGE IS COMPLETE AND RETURNED TO THE PAYROLL DEPARTMENT.