



Employment Application

620 Phillips Dr * Beavercreek, OH 45434
Ph# 937-426-5461 * Fax# 937-426-0659
Website: www.phillipscompanies.com
EEO Employer

**** APPLICANTS MUST PASS A PHYSICAL AND DRUG TEST WITH OUR DOCTORS ****

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical conditions or handicap.

Position(s) Applied For: _____

Date of Application: _____

Are you looking for: ___ Full time ___ Part-time ___ Temporary

Date available to work: _____

Are you on layoff or subject to recall: Yes / No

Do you have a current DOT health card? Yes / No

Have you applied before? If yes, give date: Yes / No Date: _____

Have you been employed here before? Yes / No Date: _____

How did you learn about us? ___ Friend ___ Advertisement ___ Relative ___ Walk-in
 ___ Employment Agency ___ Other

Do you know someone that is working for us now? Yes / No Who _____

Person & phone # to contact in case of emergency: _____

PERSONAL INFORMATION

NAME _____
First Name Middle Initial Last Name

ADDRESS _____
Street Address

City State Zip Code

TELEPHONE _____ SOCIAL SECURITY #: _____

COMMERCIAL DRIVER'S LICENSE? YES / NO If yes, give number: _____

State _____

Expiration Date _____

Class _____

Number of points on your license _____

Do you have a license in another state? Yes / No If yes, give state: _____

Give name, address and phone number of two (2) references who are not related to you and are not former employers.

1. _____

2. _____

• Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes / No
(Proof of citizenship/immigration status is required upon employment)

• Have you been convicted of a felony within the last 7 years? Yes / No

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Account for all time periods including military service, unemployment, and volunteer activities. Exclude organizational names which indicate race, color, religion, creed, sex or national origin.

EMPLOYER: _____ PHONE: _____
ADDRESS: _____
Street Address City State
DATE(S): From _____ To _____
POSITION: _____
DUTIES: _____
PAY: Starting _____ Ending _____
Are you presently employed here? Yes / No
May we contact this employer? Yes / No

EMPLOYER: _____ PHONE: _____
ADDRESS: _____
Street Address City State
DATE(S): From _____ To _____
POSITION: _____
DUTIES: _____
PAY: Starting _____ Ending _____
May we contact this employer? Yes / No

EMPLOYER: _____ PHONE: _____
ADDRESS: _____
Street Address City State
DATE(S): From _____ To _____
POSITION: _____
DUTIES: _____
PAY: Starting _____ Ending _____
May we contact this employer? Yes / No

EMPLOYER: _____ PHONE: _____
ADDRESS: _____
Street Address City State
DATE(S): From _____ To _____
POSITION: _____
DUTIES: _____
PAY: Starting _____ Ending _____
May we contact this employer? Yes / No

SPECIALIZED SKILLS

Check Skills/Equipment Operated

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Single Axle Dump Trucks | <input type="checkbox"/> Backhoe Loaders | <input type="checkbox"/> Wheel Loaders | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Tandem Axle Dump Trucks | <input type="checkbox"/> Track Type Tractors | <input type="checkbox"/> Vibratory Rollers | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Ready Mix Trucks | <input type="checkbox"/> Track Type Loaders | <input type="checkbox"/> Vibratory Compactors | <input type="checkbox"/> PC |
| <input type="checkbox"/> Tractor Trailers | <input type="checkbox"/> Hydraulic Excavators | <input type="checkbox"/> Air Compressors | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Flat Bed Trucks | <input type="checkbox"/> Wheel Scrapers | <input type="checkbox"/> Lasers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tanker Trucks | <input type="checkbox"/> Motor Graders | <input type="checkbox"/> Welders | _____ |

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application.

EDUCATION

	Name & Address of School	Years Completed	Diploma or Degree
High School			
College			
Graduate/Professional			
Other (i.e. Military)			

FOR OFFICE USE ONLY

STARTING DATE _____ WAGE _____ POSITION _____
 CDL: Y / N CDL CLASS _____
 \$ _____ RAISE BY _____ DAYS

DATE:

DEAR PROSPECTIVE OR CURRENT EMPLOYEE:

Consumer reports may be obtained as part of **Phillips Companies** evaluation of your job application/employment. The reports may be procured by Montgomery Insurance & Investments Agency Inc. and may include your driving record, for an assessment of your insurability under **Phillips Companies** insurance coverage, or other consumer reports. By signing this disclosure you hereby authorize **Phillips Companies** to procure such reports and additional reports about you from time to time, as it deems appropriate, to evaluate your insurability or for other permissible purposes. This disclosure also allows **Phillips Companies** to receive a copy of the aforementioned reports from Montgomery Insurance & Investments Agency, Inc.

Sincerely,

Phillips Companies

Signature of Applicant/Employee

Signature of Company Official

Printed Name of Applicant/Employee

Printed Name of Company Official

Applicant/Employee's Social Security Number

Applicant/Employee's Date of Birth

Applicant/Employee's Driver License Number

FOR OFFICE USE ONLY

_____Approved, no restriction

_____Not Approved, reason _____

CC: Montgomery Insurance & Investments Agency, Inc.

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this section is required by Equal Employment Opportunity Company (EEOC) guidelines. This data will be kept in a confidential file and is not considered as part of your application for employment.

DATE _____

Government agencies at times require periodic reports on the sex, ethnic, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
S.S. #: _____

Circle One: Male Female

Circle One: White Hispanic Asian/Pacific Islander
 Black American Indian/Alaskan Other

Check If Any Of The Following Are Applicable:

- Vietnam Veteran
- Disabled Veteran
- Handicapped

Birthdate: _____

