



Hudsons Contracting, LLC

Lewiston, ID 83501 208-790-8349

It is the policy of Hudsons Contracting, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime Phone: _____ Evening Phone: _____
Social Security Number: _____

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime Phone: _____ Evening Phone: _____

3. Job Position Applied For: _____

4. Who referred you to our company? _____

5. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

6. Are you at least 18 years old? _____ Yes _____ No

7. How will you get to work? _____

8. Are you willing to work any shift, including nights and weekend? _____ Yes _____ No

If no, please state any limitations: _____

9. If applicable, are you available to work overtime? _____ Yes _____ No

10. If you are offered employment, when would you be available to begin work? _____

11. Are you legally eligible for employment in the United States? _____ Yes _____ No

12. Are you able to perform the essential functions of the job position with or without reasonable accommodation?
_____ Yes _____ No

13. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skills	Years of Experience	Ability/Rating
<input type="checkbox"/> Can run equipment	_____	1 2 3 4 5
<input type="checkbox"/> Customer Service	_____	1 2 3 4 5
<input type="checkbox"/> Irrigation	_____	1 2 3 4 5
<input type="checkbox"/> Landscaping Experience	_____	1 2 3 4 5
<input type="checkbox"/> Contracting Experience	_____	1 2 3 4 5
<input type="checkbox"/> Operate hand tools	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5

14. Applicant Employment History

List you current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

15. Applicant's Education and Training

College/University Name and Address _____

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

High School/GED name and Address: _____

Did you receive a diploma? _____ Yes _____ No

Other Training (graduate, technical, vocational): _____

Awards, Honors, Special Achievements: _____

Military Service: _____ Yes _____ No

Branch: _____

Specialized Training: _____

16. References

List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

17. Please provide any other information that you believe should be considered:

I attest that all the information I provided is true and accurate.

X _____

Signature

Date: _____