



Dixie Cullen Interests

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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General Information

Driver's License Number _____ State _____ Class _____

Current _____ Expiration Date _____

Driver's License Ever Suspended Yes _____ No _____

If Yes, Why _____

Do you have a reliable mode of transportation to work? Yes _____ No _____

Knowledge of Other Language _____

Additional knowledge, skills, or experiences that could assist you with being employed at our facility.

By signing this form, you hereby acknowledge that the information is true and is filled out to the best of your knowledge.

Date

Signature



Equipment Knowledge

Please check all that apply.

Can you drive any of the following with it loaded?

- Pickup Truck
- Panel Truck
- Tractor Trailer
- Oversized Load AND properly Flag Load
- Pickup truck with a Tag-A-Long Trailer
- Stake Truck

Can you:

- Block a Load
- Tarp a Load
- Secure a Load
- Bind a Load
- Band a Load
- Drive Escort

Do you have a fear of:

- Heights
- Confined Spaces
- Tunnels

Can you operate:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Steam Cleaner |
| <input type="checkbox"/> Bulldozer | <input type="checkbox"/> Mobile Crane | <input type="checkbox"/> Jack Hammer |
| <input type="checkbox"/> Manlift | <input type="checkbox"/> 4 Posted Gantry | <input type="checkbox"/> Air Hammer |
| <input type="checkbox"/> Grader | <input type="checkbox"/> Rotary Hammer | <input type="checkbox"/> Pneumatic Nailer |
| <input type="checkbox"/> Scissor Lift | <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Pneumatic Stapler |
| <input type="checkbox"/> Mobile Lift | <input type="checkbox"/> Band Saw | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Transit | <input type="checkbox"/> Circular Saw | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Sandblaster | |
| <input type="checkbox"/> Other: | | |

Previous Work Experience:

- | | |
|---|--|
| <input type="checkbox"/> Industrial electrical work | <input type="checkbox"/> Wire feed welding |
| <input type="checkbox"/> Millwrighting | <input type="checkbox"/> Stick welding |
| <input type="checkbox"/> Machinery dismantling | <input type="checkbox"/> MiG welding |
| <input type="checkbox"/> Crating | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Pipe fitting | <input type="checkbox"/> Diesel mechanics |
| <input type="checkbox"/> Gas mechanics | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Blueprint reading |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Other: | |



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Can you properly and safely:

- | | |
|--|--|
| <input type="checkbox"/> Weld | <input type="checkbox"/> Fuel machinery |
| <input type="checkbox"/> Braze | <input type="checkbox"/> Block machinery in container |
| <input type="checkbox"/> Torch cut | <input type="checkbox"/> Block machinery in crate |
| <input type="checkbox"/> Hook up Slings | <input type="checkbox"/> start machinery at start of workday |
| <input type="checkbox"/> Use a Screwdriver | <input type="checkbox"/> Keep paperwork completed |
| <input type="checkbox"/> Use a Wrench | <input type="checkbox"/> Keep work area clean |
| <input type="checkbox"/> Use a 48' wrench | <input type="checkbox"/> Climb up/down a ladder |
| <input type="checkbox"/> Walk on I-Beam above ground | <input type="checkbox"/> Hammer a nail |
| <input type="checkbox"/> Connect/un-connect torches | <input type="checkbox"/> Level a machine |
| <input type="checkbox"/> Use a laser alignment | <input type="checkbox"/> Grout a machine |
| <input type="checkbox"/> Use a core drill | <input type="checkbox"/> Climb on/off a machine |
| <input type="checkbox"/> Additional Skills: | <input type="checkbox"/> Climb on/off a truck |

By signing this form, you hereby acknowledge that the information is true and is filled out to the best of your knowledge.

Date

Signature