



Fox Tapping, Inc.

1112 Nursery Road, Wrightsville, PA 17368

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email: mail@foxtapping.com • web: www.foxtapping.com

Application for Employment

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security # _____ Telephone # _____ Mobile # _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position(s) applied for: _____

How did you hear of our company? _____

If necessary, best time to call you at home is: _____

May we contact you at work? ☐ Yes ☐ No

If yes, work number: _____ Best time to call: _____

Are you over the age of 18? ☐ Yes ☐ No

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work: _____

What is your desired salary range or hourly rate of pay? _____

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying?

☐ Yes ☐ No ☐ Need more information

Driver's license #: _____ State: _____

Have you ever pleaded guilty or no contest to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? ☐ Yes ☐ No

If yes, please explain: _____

Employment Information

(Starting with your most recent employer, provide the following information.)

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? ☐ Yes ☐ No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? ☐ Yes ☐ No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? ☐ Yes ☐ No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? ☐ Yes ☐ No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? ☐ Yes ☐ No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? ☐ Yes ☐ No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No If yes, please explain:

Heavy Equipment Qualifications / Training:

Light Equipment Qualifications / Training:

Educational Background

School (include City & State): _____

Years Completed: _____ ☐ Diploma ☐ GED Degree ☐ Certification ☐ Other

School (include City & State): _____

Years Completed: _____ ☐ Diploma ☐ GED Degree ☐ Certification ☐ Other

References

(List name and telephone number of two business/work references who are not related to you and are not previous supervisors. If not applicable, list two school or personal references who are not related to you.)

Name: _____ Title: _____

Relationship to You: _____

Telephone: _____ Number of Years Known: _____

Name: _____ Title: _____

Relationship to You: _____

Telephone: _____ Number of Years Known: _____

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Organization: _____

Offices Held: _____

Organization: _____

Offices Held: _____

Is there any other job-related information you want us to know about you?

Fox Tapping, Inc. is a drug-free work environment. Applicants may be tested for illegal drugs.