

Other:

Hawkins-Graves, Inc.

Construction Equipment & Supplies

13432 Wards Rd Lynchburg, VA 24501 (434) 847-7703 Fax (434) 847-7707

Employment Application

Full Name:				Date:			
	Last	First	Middle				
Home Address:	Street		City	State	Zip Code		
Phone #:		E-mail:					
Position Applied for:		Desire	ed Wage:	Available Start Date:			
Are you 18 years or olde	er? 🗌 Yes 🗌 No	Are you eligible for er	nployment in the U.S.? 🗌 Yes 🔲	No Can you work overtime?	? 🗌 Yes 🗌 No		
How did you hear about	Hawkins-Graves, In	c.?	Friend 🗌 Relative 🗌 Employm	ent Agency 🗌 Other:			
Please list any relatives	employed at Hawkin	s-Graves, Inc. and their r	relationship:				
Do you possess a valid	VA driver's license:	Yes 🗌 No (If yes,)	ou will be required to provide a copy	of your current driving record)			
Have you ever been convicted of any moving violations or involved in an accident while driving a motor vehicle? 🗌 Yes 🗌 No If yes, provide details:							
			Professional References				
			at do not consist of relatives or forme	er employers			
Name & Address:							
			Ema	ail:			
Name & Address:							
Occupation:		Phone #:	Ema	ail:			
Name & Address:							
Occupation:		Phone #:	Ema	ail:			
			Education				
Highschool:			Address:				
From:	To:	Did you gra	aduate? 🗌 Yes 🗌 No 🛛 Diplon	na:			
College:			Address:				
From:	To:	Did you gra	aduate? 🗌 Yes 🗌 No 🛛 Degre	ee:			

Address:

From: ______ To: _____ Did you graduate? 🗌 Yes 🗌 No

Degree: _

	Employment Record			
	Please list most recent position first			
Employer Name:	Employed from:	to:	Pay Rate:	\$
Address:				
Street	City		State	Zip Code
Supervisor:			on:	
Duties Performed:				
Reason for Leaving:				
May contact them? Yes No If no, please of the second seco				
Employer Name:	Employed from: to:		Pay Rate: \$	
Address: Street				
			State	Zip Code
Supervisor:	Phone #:	Positio	on:	
Duties Performed:				
Reason for Leaving:				
May contact them? Yes No If no, please of	explain:			
Employer Name:	Employed from: to:		Pay Rate: \$	
Address:				
Street	City		State	Zip Code
Supervisor:	Phone #:	Positio	on:	
Duties Performed:				
Reason for Leaving:				
May contact them? Yes No If no, please of the second seco				

What do you believe best qualifies you for the position you are seeking with Hawkins-Graves, Inc.?

Corporate Statement

IT IS THE POLICY OF HAWKINS GRAVES INC TO PROVIDE EQUAL OPPORTUNITY EMPLOYMENT AND ADVANCEMENT TO QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, VETERAN STATUS, MARITAL STATUS, OR ANY NON, JOB-RELATED FACTOR.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I am offered a job, I must successfully complete a drug screening procedure. Successfully completing the pre-employment drug screen is a condition of employment. In the event that I am offered employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I will be required to abide by all rules and regulations of Hawkins Graves, Inc. Hawkins-Graves, Inc does administer random drug testing to all current employees. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hawkins Graves, Inc. will be of an "at will" nature, which means that I may resign at any time and that Hawkins Graves, Inc. may discharge me at any time with or without cause. I also understand that this "at will" employment relationship any not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

Signature of Applicant Printed Name Date

 Hawkins-Graves office use only:

Ref Checked By / Date	Start Date	Branch/Position	Rate of Pay