WILSON CONTRACTING
P.O. Box 9015 | Wichita Falls, Texas 76310
Office 940-687-3359 | Fax 940-687-0268
wilsoncontractingwf.com

GENERAL CIVIL CONTRACTOR

EMPLOYMENT APPLICATION

Please complete every section. Incomplete applications may not be considered.

APPLICANT INFORMATION

LAST NAME | FIRST NAME | M.I. | DATE OF BIRTH

STREET ADDRESS | CITY | STATE | ZIP

PHONE | EMAIL

POSITION APPLIED FOR | DESIRED START DATE | DESIRED SALARY

SOCIAL SECURITY NO. | DRIVER'S LICENSE NO. / STATE | CDL CLASS / ENDORSEMENTS

Have you ever worked for Wilson Contracting? ☐ YES ☐ NO

Did a current employee refer you to apply for this position? ☐ YES ☐ NO

IF YES, WHO? IF NO, HOW DID YOU HEAR ABOUT THE POSITION?

Do you have a current, valid driver's license? ☐ YES ☐ NO

Do you have a current, valid Commercial Driver's License (CDL)? ☐ YES ☐ NO

Are you legally authorized to work in the United States? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

A conviction does not automatically disqualify you from employment. Each case is considered on its own facts.

EQUAL OPPORTUNITY EMPLOYER
Wilson Contracting is an equal opportunity employer. We consider all applicants without regard to any characteristic protected by federal, state, or local law. If you need an accommodation to complete this application, call our office at 940-687-3359 and we will be glad to help.

EDUCATION

HIGH SCHOOL

SCHOOL NAME	CITY / STATE	FROM	TO

Did you graduate / earn a GED? ☐ YES ☐ NO

COLLEGE / TRADE / OTHER

SCHOOL NAME	COURSE OF STUDY	FROM	TO

Did you graduate? ☐ YES ☐ NO

CERTIFICATIONS & EQUIPMENT EXPERIENCE

CERTIFICATIONS (OSHA, FLAGGER, COMPETENT PERSON, ETC.)

EQUIPMENT YOU ARE QUALIFIED TO OPERATE (DOZER, EXCAVATOR, BLADE, ROLLER, ETC.)

REFERENCES

Please list three professional references.

REFERENCE 1

FULL NAME	RELATIONSHIP	PHONE

COMPANY	ADDRESS

REFERENCE 2

FULL NAME	RELATIONSHIP	PHONE

COMPANY	ADDRESS

REFERENCE 3

FULL NAME | RELATIONSHIP | PHONE

COMPANY | ADDRESS

PREVIOUS EMPLOYMENT

EMPLOYER 1

COMPANY | PHONE | JOB TITLE

STARTING PAY | ENDING PAY | FROM | TO | REASON FOR LEAVING

RESPONSIBILITIES

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

EMPLOYER 2

COMPANY | PHONE | JOB TITLE

STARTING PAY | ENDING PAY | FROM | TO | REASON FOR LEAVING

RESPONSIBILITIES

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

EMPLOYER 3

COMPANY | PHONE | JOB TITLE

STARTING PAY | ENDING PAY | FROM | TO | REASON FOR LEAVING

RESPONSIBILITIES

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

DISCLAIMER AND SIGNATURE

Upon turning in this application, please provide your photo ID for a copy to be made.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained hereon and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE | DATE

OFFICE USE ONLY

DATE RECEIVED | RECEIVED BY | INTERVIEWED | DISPOSITION

WILSON CONTRACTING
Thank you for your interest. Return this application to our office or call 940-687-3359.