JEFFRES Companies

82428 Jeffres Lane
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Burwell, NE 68823
308.346.5123 Office 308.346.4826 Fax
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Jeffres Sand & Gravel, Inc.
Jeffres Excavating, A Division of Jeffres Sand & Gravel, Inc.
Loup Valley Redi-Mix, LLC

Employment Application (For Office)

	(PLE	ASE PRINT)			
Position(s) Applied For			Date of Application		
First Name	Middle I	nitial	Last Name		
Street Address/PO Box	(City	State	Zip Co	ode
Telephone Number(s)					
Home:	Cellular: O			Other:	
Social Security Number	Date of Birth				
-					
Are you over 18 years of age?			Yes		No
Do you have the legal right to work in the			Yes		No
Proof of citizenship or immigration status will be required upon employment.					No
Do you have adequate transportation to work?			Yes		No
Have you ever been employed by Jeffre	•		Yes		No
If yes, what dates?					
On what date would you be available fo	r work?				
Are you available to work:		Part Time	Overtime	– Temporary	
Are you currently on "lay-off" status and subject to recall?			Yes		No
Can you travel if a job requires it?			Yes		No
What days of the week would you consi	der being out of to	own for employ	/ment?		
Monday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you have a valid Driver's License ?			Yes		No
Have you been convicted of a DUI in the past ten (10) years?			Yes		No
Have you had 3 or more citations for mo	rs? Yes		No		
Have you ever been convicted of a felony? **Conviction will not necessarily disqualify an applicant from employment.** Yes			No		
If Yes, please explain:	•				

Employment Experience

such investigations.

Signature:___

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper. Employer Name: ______ Dates Employed From: _____ To: _____ Address: Name of Supervisor: _____ May we contact this person? Yes No Work Performed: Salary: Start_____ End_____ Reason for leaving:_____ Employer Name: Dates Employed From: To: Name of Supervisor: May we contact this person? Yes No Work Performed: Salary: Start End Reason for leaving: Employer Name: _____ Dates Employed From: _____ To: ____ Address: May we contact this person? Yes No Name of Supervisor: Work Performed: Salary: Start End Reason for leaving: Employer Name: Dates Employed From: To: Address: Name of Supervisor: May we contact this person? Yes No Work Performed: Salary: Start_____ End____ Reason for leaving:_____ Applicant's Statement In consideration of my employment, I agree to conform to the rules & regulations of the Jeffres Companies, and understand that my employment is "at will" and may be terminated for any reason that is not prohibited by law. The Jeffres Companies are a Drug Free Workplace. A substance abuse policy is in effect and substance abuse tests may be conducted prior to initial employment, when a violation of the policy is suspected and randomly. Initial and continued employment is contingent upon the reporting of negative test results. Jeffres Companies considers applications for all positions without regard to race, color, religion, creed, gender, age, disability, martial of veteran status, sexual orientation or any other legally protected status. The U.S. Department of Labor does prohibit an individual under the age of 18 from working in hazardous occupations which include but are not limited to coal mining, mining (other than coal), and excavation operations. I declare my answers to the questions on this application are true, and give Jeffres Companies the right to investigate all information given and to secure additional information, if necessary. I authorize Jeffres Companies to obtain an investigative background check which may include the following: a credit report, past employment, and criminal history. If employed I understand that Jeffres Companies may need to obtain a Department of Motor Vehicles driving record. I understand I have the right to make a written request within a reasonable period to receive the information obtained in any

Date:

EDUCATION

High School

Name:	Dates Att	Dates Attended:		
Location:	Graduated	l? Yes	No	
University or Technical College				
Name:	Dates Atte	ended:		
Location:	Graduated	l? Yes	No	
OFFICE PROGRAM EXPERIENCE				
Please indicate below how many year	rs of experience you have with the follow	wing:		
Microsoft Exel	Microsoft Office PublisherMicrosoft Office Outlook (emailOther (please list)			
applied for?YesNo (NOTE: the work for which you have applied may i If you do not know if these requirements relate to If yes, please explain:	(s) which may limit your ability to perfective one or more of the following job requirements: the work for which you have applied, please inquire.)	lifting, pushing o	or pulling up to 50lbs or mo	re; _
References				
1. (Name)	(Relationship)		(Phone No.)	
2. (Name)	(Relationship)		(Phone No.)	
3. (Name)	(Relationship)		(Phone No.)	
4. (Name)	(Relationship)		(Phone No.)	

FOR PERSONNEL USE ONLY					
Arrange Interview	Yes	No			
Remarks					
Employed	Yes	No	Date of Employment		
Position			Hourly Rate/Salary		
ByNAME & TITLE			Date		

Notes: