



**TEJON CONSTRUCTORS INC.**

**EMPLOYMENT APPLICATION**

**Date:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

First	Middle	Last
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**Address:**

\_\_\_\_\_

Street	City	State	Zip
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**Phone:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Earnings expected: \_\_\_\_\_

Do you know someone who currently works at Tejon Constructors?     Yes     No

If yes, please write their name: \_\_\_\_\_

**VALID** California Driver's License: \_\_\_\_\_ Exp. \_\_\_\_\_ Class: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(optional) (optional)

**Experience:** Explain in detail as it pertains to position you are applying for.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEJON CONSTRUCTORS INC. is an equal opportunity employer. Hiring, layoff and promotion will in no way be influenced by race, color, religion, sex, age, or national origin.

Any employment by TEJON CONSTRUCTORS INC. is on an "at will" basis and I.N.S. documents will be required.

TEJON CONSTRUCTORS INC. has in effect, a DRUG & ALCOHOL ABUSE POLICY PROGRAM.

**CONFIDENTIAL EMPLOYMENT HISTORY**

BEGIN WITH MOST RECENT EMPLOYER (past 5 years pertinent experience)

**Company Name** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

Address \_\_\_\_\_

Dates worked: Start Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Title \_\_\_\_\_

End Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_

.....  
**Company Name** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

Address \_\_\_\_\_

Dates worked: Start Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Title \_\_\_\_\_

End Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_

.....  
**Company Name** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

Address \_\_\_\_\_

Dates worked: Start Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Title \_\_\_\_\_

End Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_

.....

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Dates worked: Start Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Title \_\_\_\_\_

End Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_

PERSONAL REFERENCES (Please list 3 names and phone numbers below)

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone \_\_\_\_\_

# TEJON CONSTRUCTORS, INC. - OPERATOR HISTORY

NAME: \_\_\_\_\_

This report is for office use only and is intended to document current abilities in order to comply with OSHA regulations. Your honesty is imperative and appreciated.

Please write in your own words **your experience operating and the number of hours** on the following pieces of equipment.

1) JD 892 (Excavator) / Operator Hours: \_\_\_\_\_

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2) JD 790 (Excavator) / Operator Hours: \_\_\_\_\_

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3) Ford Backhoes ( 4 lever controls ) / Operator Hours: \_\_\_\_\_

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4) Cleveland Trencher (Wheel Type) / Operator Hours: \_\_\_\_\_

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5) JD 450 (Dozer) / Operator Hours: \_\_\_\_\_

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6) JD 544 (Loader) / Operator Hours: \_\_\_\_\_

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7) Hydra hammer) / Operator Hours: \_\_\_\_\_

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To: Tejon Constructors Inc.,

It is understood that if my job application is accepted, and I receive an offer of employment, that offer is conditioned on my (the applicants) further disclosures regarding medical, Workers Compensation and previous employment history, which may affect my ability to perform duties for which employment is being offered. Additionally, my job position may require me to drive a company owned vehicle or on occasion my own car on company business. The insurance company writing Tejon Constructors Inc.'s automobile insurance requires a copy of my current driving record to assess my insurability. I also understand I have the right to see a copy of the Motor Vehicle report.

By this letter I hereby authorize the insurance company and/or its agents to obtain and retain the necessary motor vehicle records as often as they deem appropriate.

\_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_