

## CANYON CONSTRUCTION CO.

## **EMPLOYMENT APPLICATION**

Applicar	nt's Name	Date	De	sired Position			
ATTENTION ALL JOB APPLICANTS							
When you return this application, you <u>must</u> also bring the following documentation with you:							
OSHA 10 Hour Training Certificate. OSHA is required by Nevada law as of 1/1/2010.							
A valid form(s) of ID is required: A US passport OR a valid drivers license and one of the following: social security card, state issued birth certificate or state issued ID card.							
Your DMV drivers history report. This can be obtained at the kiosk located at the Elko DMV on East Idaho St. or by going on-line to <a href="https://www.dmv.nv.gov">www.dmv.nv.gov</a> and click on Drivers License then Drivers History Report. There is a small fee for this report.							
Your MSH	A 5000-23 Certificate.						
DRUG TESTING PROGRAM							
Individuals who wish to be considered for employment agree to pre-employment, random, for cause and							
post accident drug and alcohol testing.							
agents, employees, subsidiaries and affiliate concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by Canyon Construction Company in whole or in part based upon the results of said testing.  ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CANYON CONSTRUCTION COMPANY.							
	EDUCATI	ON AND TRAININ	G				
	Name	City, State	Major/Subject	Degree/Diploma			
High School							
College							
Trade/ Other School							
ADDITIONAL INFORMATION							
Please list any other special training, skills, licenses or certificates and/or equipment or machinery you have operated.							
LIST ALL LANGUAGES YOU:							
Speak Well:							
Read Well: Write Well:							
GENERAL INFORMATION							
Are you 18 years of age or older? Yes No							
Are you able to travel and work on sites outside of Elko? Yes No							
	en or otherwise legally authorized to		No				
*This application for e	mployment shall be considered act	tive for a period of time	not to exceed 60 days	Any applicant wishing			

<sup>\*</sup>This application for employment shall be considered active for a period of time not to exceed 60 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.

PERSONAL INFORMATION							
Name:		-					
Address:	· · · · · · · · · · · · · · · · · · ·						
Street	City		State	ZIP			
Cell Phone #:	Home Phone #:						
E-Mail Address:		Social Security #:					
WORK HISTORY (Attach additional sheets if necessary).							
Employer:		//City/State/Zip:					
Supervisors Name & Ttile:		·					
Ending Colony	Phone #:						
Ending Salary:	From:	Employment Da	tes (month/Y	<u>ear)</u>			
Job Title & Duties:			10.				
Explain any gap in employment dates:							
Employer:	Street or POB	3/City/State/Zip:					
Supervisors Name & Ttile:							
	Phone #:						
Ending Salary:	Facus	Employment Da		(ear)			
Job Title & Duties:	From:		То:				
Title & Duties.							
Explain any gap in employment dates:	la:						
	Employer: Street or POB/City/State/Zip:						
Supervisors Name & Ttile:	Phone #:	Phone #:					
Ending Salary:	Employment Dates (month/Year)						
	From:		То:				
Job Title & Duties:			<u>.</u>				
CERTIFICATION & AGREEM	ENT - READ C	AREFULLY BEFO	ORE SIGNI	NG			
At-Will Employment I understand and agree that if hired I will be employed on an at-will basis, which means that employment is entirely voluntary and that either I or the company may terminate my employment at any time, for any reason							
with or without cause or notice. I also understand that this form does not constitute an employment contract. I further							
understand that my at-will relationship may not be changed by any verbal statement or written document or by conduct unless							
such change is specifically acknowledged in writing by	an authorized of	ficer of Canyon Con	struction Co	mpany.			
Analization Contification I contify that all information	1 have an ideal						
Application Certification I certify that all information							
true and correct to the best of my knowledge. I understand that any omission or misrepresentation on this application may be cause for rejection or if employed, may be cause for dismissal. I authorize investigation of all statements contained in this							
application for employment as may be necessary in arriving at an employment decision.							
Drug & Alcohol Testing   certify that I have read and understand the company's drug and alcohol testing policy as							
outlined in this application and that I must agree to this policy in order to be considered for employment with							
Canyon Construction Company.							
An alcohol/drug test is required before you can begin work.							

**Applicant Signature** 

Date