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# Application for Employment

An Equal Opportunity Employer

**This application will remain active for (4) months.**

**This application will not be considered unless completed.**

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## PLEASE READ BEFORE COMPLETING APPLICATION

We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

This application must be completed legibly, in ink in applicant's own handwriting. Answer each question in full and accurately. If the answer to the question is "no" or "none", do not leave the item blank but write or mark the item "No" or "None". If you need additional space, please continue your answer(s) on an additional sheet of paper. The information you provide in this may be used, and your prior employers may be contacted for investigating your background.

Interviews are given on a competitive basis, using job related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

Position(s) Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Phone ( ) - Message Phone ( ) - Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip

Current Mailing Address: \_\_\_\_\_

ADDRESSES FOR THE PAST THREE YEARS:

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip

Have you ever been employed by ARMI Contractors before?  Yes  No  
If yes, indicate date of employment: \_\_\_\_\_

Are you currently employed?  Yes  No  
If yes, may we contact your current employer?  Yes  No

What date are you available to work? \_\_\_\_\_

Are you willing to travel if required by job?  Yes  No  
If yes, how far away? \_\_\_\_\_

Are you willing to work overtime if required?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
(Such convictions may be relevant if job related; but, does not bar you from employment)  
If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your last ten (10) years of employers, assignments or volunteer activities, starting with the MOST RECENT, including military experience. Explain any gaps in employment in the comments section below. If more space is needed, additional sheets may be attached.

Employer	Telephone ( ) -	Dates Employed From To	Summarize the nature of the work performed and job responsibilities:
Address			
Your Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor		\$ Per	
Reason for Leaving		Final \$ Per	

Employer	Telephone ( ) -	Dates Employed From To	Summarize the nature of the work performed and job responsibilities:
Address			
Your Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor		\$ Per	
Reason for Leaving		Final \$ Per	

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Your Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor		\$ Per	
Reason for Leaving		Final \$ Per	

Comments (including explanations for any gaps in employment)

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Are you now or do you expect to be engaged in any other business or employment?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Indicate those areas in which you have experience or can operate equipment at an efficient and productive rate.

Classification	Models or Brands	Duration (years)
Loader		
Backhoe		
Dozer		
Mechanic		
Welder	Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpenter		
Concrete		
Estimator		
Drafting		
Purchasing		
Dump Truck		
Truck and Trailer		
Other		

Summarize special skills and qualifications not listed above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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### Education

Highest Level of Education Completed:

	Name & Location	Diploma/Degree	Course of Study
High School			
College/University			
Graduate/Professionals			
Specialized Training			
Other Education			

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### References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_

**PLEASE ANSWER; YOU MAY BE REQUIRED TO DRIVE A COMPANY VEHICLE**

The information that you provide below will be used to request information concerning your driving record and allows you to comply with DOT, PUC, and insurance requirements.

List All Unexpired Drivers Licenses	State	License #	Type/Endorsement	Expiration Date	Date of Birth

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- B. Has any license, permit or privilege ever been suspended or revoked?
- C. Have you ever been disqualified subject to Section 391 Federal Motor Qualifications?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the answer to A, B or C is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all private and commercial motor vehicle accidents in the past 3 years.  
Attach sheet if more space is needed.

Dates	Nature of Accidents (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Please list all traffic violations (including revocation, suspension or withdrawal, of an operator's license, but not parking) that you have been convicted of or forfeited bond or collateral on during that past 3 years.

Date	Offense	Location	Type of Vehicle Operated

As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work and to complete the U.S. Immigration and Naturalization Service Form I-9.

ARMI Contractors is an equal opportunity employer. ARMI Contractors does not discriminate in employment and no question on this application is used for limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, federal law.

## Affidavit

I certify that this application was completed by me and the answers given herein are true and completed to the best of my knowledge. I agree that ARMI Contractors shall not be liable in any respect if employment is denied me or if my employment is terminated because of misinterpretations, false or misleading information, or omissions in my application or interview(s). I also authorize the companies, schools or persons named in this employment application to release to ARMI Contractors, all information regarding my employment character and qualifications. I hereby release said companies, schools or all persons of liability for any damage for issuing this information. I understand that nothing contained in this application or in the granting of an interview creates a contact between ARMI Contractors and me for employment or any other benefit. No promises for employment have been made to me and I understand that no such promises or guarantee is binding upon ARMI Contractors. If an employment relationship is established, I understand that unless there is a specifically formally executed contract, I have the right to terminate my employment at anytime and for any reason and ARMI Contractors retains a similar right.

I agree to submit to a pre-placement examination, including a drug screening test, prior to being accepted for employment and agree that in the event I am employed by ARMI Contractors I will submit to further physical examination, including a drug screening test, when requested by ARMI Contractors.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_