

**Boyas Excavating**  
11311 Rockside Rd.  
Valley View, OH 44125  
Phone: (216) 524-3620  
Fax: (216) 524-1893  
Email: [pete@peteandpeteinc.com](mailto:pete@peteandpeteinc.com)



## APPLICATION FOR EMPLOYMENT

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**To the Applicant:** We appreciate your interest in our firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. If you are not hired within that time, please reapply. This application will be retained for 30 days.

We are an Equal Employment Opportunity Employer. All applicants are considered for employment based on their qualification, without regard to race, color, religion, sex, national origin, age, disability, handicap, marital or veteran status.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Cellular Phone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Emergency Contact Phone**

**Are you a citizen of the U.S. or an alien authorized to work in the U.S.?** \_\_\_\_\_

**If you are less than 18 years old, please state your age:** \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_\_

**If yes, what** \_\_\_\_\_

**Do you have any pending felony charges?** \_\_\_\_\_

**If yes, what** \_\_\_\_\_

**List any friend or relative working for the company:** \_\_\_\_\_

**Desired Position:** \_\_\_\_\_

**Desired Salary:** \_\_\_\_\_ **per hour**

**When are you able to Start?** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

### Education:

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**High School** \_\_\_\_\_

**How many years attended** \_\_\_\_\_

**College** \_\_\_\_\_

**How many years attended** \_\_\_\_\_

**Vocational** \_\_\_\_\_

**How many years attended** \_\_\_\_\_

**List any special skills, training, qualifications or other experiences related to the position you are applying for:**

\_\_\_\_\_

\_\_\_\_\_

**Employment History (Please list most current employer first):**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Starting Pay

\_\_\_\_\_  
Ending Pay

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_

Duties Performed

\_\_\_\_\_

Reason for Leaving

List three References who are not immediate family:

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Name	Address	Phone	Relationship

### **Authorization and Understanding**

Upon the signing of this application, I represent that all information now and hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, or credit with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as required, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever, as a result, of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the prior of my employment. If hired, I agree I will serve in the will of the firm and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the firm to deduct from each and every period of my pay, any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of employment. I agree that these arrangements may only be altered in writing directed to me personally by the President of the firm, or his duly authorized representative. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any, and all costs incurred by the firm in defense of said claims or actions, including attorney's fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical and drug screening are known.

**\*\* Prior to an offer of employment the company may request that you submit to a pre-employment physical and drug screening, along with a check of your background and/ or driving record. The below consent must be filled out and signed.**

\_\_\_\_\_

**Applicant's Legal Name (printed)**

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Applicant's Street Address**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip Code**

I, \_\_\_\_\_, authorize and give consent for P&P Valley View Holdings to  
*(Applicant's Name)*  
**obtain information regarding myself. This includes the following:**

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this Organization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**MOTOR VEHICLE REPORT-AUTHORIZATION FORM**

**ATTN:** \_ Sandee Wellman

**CLIENT CODE:** P&PVA-1

**FAX#:** 330.638.5127 or 330.638.8198

**PHONE:** 330.638.6146 Ext- 6568

**EMAIL:** Sswellman@farmers-bowers.com

**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSISTENT TO  
PROCUREMENT OF CONSUMER REPORT FOR USE IN RATING AND/OR UNDERWRITING**

The undersigned hereby authorizes           P&P Valley View Holdings           DBA: Boyas Excavating,  
**(COMPANY NAME)**

or its insurance agency Farmers National Insurance, LLC., or its assigns, to obtain a copy of the motor vehicle report for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such reports, a consumer reporting agency may be used, and I do hereby authorize such use.

**Dated:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **/ State:** \_\_\_\_\_

**Years Commercial Driving Experience** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**\*\*Please print clearly\*\***

