Santos Excavating, inc. P.O. Box 146, Chico, CA 95927 (530)894-2274/Fax (530)894-7767 DATE______ Santos Excavating, Inc.

FULL NAME								
HOME ADDRESS								
O , O . / (L, L								
OME telephone — message telephone								
SOCIAL SECURITY NUM	∕IBER							
DRIVERS LICENSE:								
StateNumberExpiration								
					education history.			
POSITION DESIRED:			_Salary expected					
EDUCATION:								
Elementary	years.	High School	vears.					
University or College		years. Major	Degree					
Additional Training:								
Remarks and unique qua	lifications_							
RE	ECORD O	F PREVIOUS EMP	LOYMENT					
(Account fo	or the last 5 y	ears including time ou	t of work or in school)					
Employer's name		Pos	ition/Type of Work					
Address								
Date from	date to	total Length of service						
Hourly earnings	date tototal Length of serviceReason for leavingphone number							
Supervisor's name		phor	ne number					
Employer's name		Position/Type of Work						
Addroce								
Date from	date to	total length of service						
Hourly earningsReason for leavingphone number								
Supervisor's name		phor	ne number					
			ition/Type of Work					
Address		F05	mon/ rype or work					
Date from	date to	totallen	ath of sonico					
Hourly earnings	date tototal Length of service Reason for leavingphone number							
Supervisor's name		phor	ne number					
Address		Pos	ition/Type of Work					
Address	date to	total land	th of comics					
Hourly earnings	_ date to total length of service Reason for leaving							
Supervisor's name	1\cas	nhor	ne number					
F		UIIU						

Do you have any physical condition which may li applied for,or which, if you obtain the job applied for safety or the health and safety of others? Yesexplain	or, would endanger your health and
In case of accident or other emergency, who is the NameTelephone(home) Address	e first person we should contact? (work)
Can you accept a position immediately? Yes	No If not, how soon?
In the event of my employment to a position with S with all rules and regulation of this business. I und employment may be contingent upon the passing a doctor selected by the employer at his expense.	erstand that an offer for such
BONDING may be a condition of hire. If it is, you whiring and a bond application will have to be completely background check will be done)	will be advised either before or after leted. (If bonding required, a
I certify that all statements made by me on this appliest of my knowledge and that I have withheld not this application unfavorably.	olication are true and complete to the hing that would, if disclosed, affect
I authorize the persons named as references and enthey may have about me.	employers to furnish any information
If hired, I agree as follows: My employment and compensation may be terminal any time and for any reason whatsoever, with or weither the company or myself. No implied, oral, or express language of this agreement are valid unless. Owner of the company.	ated by the company (employer) at ithout good cause at the option of written agreements contrary to the
I hereby acknowledge that I have read the above s	tatements and understand the same.
Please READ BEFORE SIGNING. If you have any please ask interviewer before signing.	questions regarding this statement,
SIGNATURE OFAPPLICANT	DATE
Interviewer remarks:	
Offer date:Position	Start date