



# Hawkins-Graves, Inc.

Construction Equipment & Supplies

13432 Wards Rd  
Lynchburg, VA 24501  
(434) 847-7703  
Fax (434) 847-7707

## Employment Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Home Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ SS#: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Desired Wage: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Are you 18 years or older? Yes No Are you eligible for employment in the U.S.? Yes No Can you work overtime? Yes No

How did you hear about Hawkins-Graves, Inc.? Advertisement Friend Relative Employment Agency Other: \_\_\_\_\_

Please list any relatives employed at Hawkins-Graves, Inc. and their relationship: \_\_\_\_\_

Do you possess a valid VA driver's license: Yes No (If yes, you will be required to provide a copy of your current driving record)

Have you ever been convicted of any moving violations or involved in an accident while driving a motor vehicle? Yes No If yes, provide details:

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

### Personal & Professional References

Please list three (3) references that do not consist of relatives or former employers

Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

**Employment Record**

Please list most recent position first

Employer Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip Code

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

May we contact them? Yes No If no, please explain: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip Code

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

May we contact them? Yes No If no, please explain: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip Code

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

May we contact them? Yes No If no, please explain: \_\_\_\_\_

What do you believe best qualifies you for the position you are seeking with Hawkins-Graves, Inc.? \_\_\_\_\_

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

**Corporate Statement**

IT IS THE POLICY OF HAWKINS GRAVES INC TO PROVIDE EQUAL OPPORTUNITY EMPLOYMENT AND ADVANCEMENT TO QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, VETERAN STATUS, MARITAL STATUS, OR ANY NON, JOB-RELATED FACTOR.

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 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. I understand that if I am offered a job, I must successfully complete a drug screening procedure. Successfully completing the pre-employment drug screen is a condition of employment. In the event that I am offered employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I will be required to abide by all rules and regulations of Hawkins Graves, Inc. Hawkins-Graves, Inc does administer random drug testing to all current employees. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hawkins Graves, Inc. will be of an "at will" nature, which means that I may resign at any time and that Hawkins Graves, Inc. may discharge me at any time with or without cause. I also understand that this "at will" employment relationship any not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

Signature of Applicant

Printed Name

Date

**Hawkins-Graves office use only:**

Ref Checked By / Date	Start Date	Branch/Position	Rate of Pay