



Equipment Operator

Date _____

Name _____

Address _____

Phone Number _____

Drivers License Class _____

Number of Years with a CDL? _____

Endorsements T _____ P _____ N _____ H _____ X _____

Please Rate Your Abilities from 1 to 5, 5 Being the Highest (Circle)

Scraper: 0 1 2 3 4 5

Blade: 0 1 2 3 4 5

Articulated Truck: 0 1 2 3 4 5

Dozer: 0 1 2 3 4 5

Excavator: 0 1 2 3 4 5

Loader: 0 1 2 3 4 5

Do you have the following?

MSHA _____ Safeland _____ Medical Card _____

Prior Employment:

Company Name _____

Position _____

Dates _____

Reason for Leaving _____

Company Name _____

Position _____

Dates _____

Reason for Leaving _____

Company Name _____

Position _____

Dates _____

Reason for Leaving _____

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