

Date:

# **NIXON-EGLE EQUIPMENT CO.**

2044. S. Vineyard Avenue  
Ontario, CA 91761  
909-930-1822

800 E. Grant Line Road  
Tracy, CA 95304  
209-830-8600

## **EMPLOYMENT APPLICATION**

Job Interest:

**An Equal Opportunity At-Will Employer**

Name:

<b>GENERAL</b>	Name (First, Middle, Last)		Telephone Number	Social Security #	
	Present Address				
	Number & Street		City	State	Zip Code
	Permanent Address				
	Number & Street		City	State	Zip Code
	Previously Employed by NEECO? YES      NO		Previous Period & Position At NEECO	Previous Military Service? YES      NO	
How Did You Learn About Us?					

<b>JOB INTEREST</b>	Position Or Type Of Work Desired				
	First Choice:		Second Choice:		
	Work Schedule Desired: Full Time   Part Time   Temp		Desired Start Date:	Wage/Salary Desired?	Willing To Relocate? YES      NO
	Are You Willing To Travel?		Are You Willing To Work Extra Hours, Weekends, and Evenings?		

<b>PERSONAL</b>	If You Have Plead Guilty, No Contest, Had A Suspended Imposition Of Sentence, Or Have Been Convicted of Any Felony, Please Describe Each: <small>(Convictions Are Not Necessarily A Reason For Exclusion From Consideration For Employment)</small>			Are You Over 18? YES      NO	
	Provide only the information requested in this employment application form. Failure to do so will result in disqualification of your application.				

<b>EDUCATION</b>		Name & Location	Years Completed	Graduated?	Grade	Major	Minor	GPA	
	High School								
	College								
	Post Grad								
	Business, Trade, Technical, Or Other								

Scholastic Honors, Scholarships, Assistantships, Awards, Publications, Etc.
---

PLEASE LIST IN ORDER OF EMPLOYMENT, WITH MOST RECENT EMPLOYER FIRST.

EMPLOYMENT HISTORY	Company Name:		Company Address:		
	Dates Employed: (Mo/Yr)		Job Title	Wage/Salary	Reason For Leaving
	FROM:	TO:			
	Supervisor's Name	Supervisor's Title	Telephone	May We Contact?	
				YES	NO
	Please Provide A Brief Description Of Your Work & Responsibilities				
	Company Name:		Company Address:		
	Dates Employed: (Mo/Yr)		Job Title	Wage/Salary	Reason For Leaving
	FROM:	TO:			
	Supervisor's Name	Supervisor's Title	Telephone	May We Contact?	
				YES	NO
	Please Provide A Brief Description Of Your Work & Responsibilities				
	Company Name:		Company Address:		
	Dates Employed: (Mo/Yr)		Job Title	Wage/Salary	Reason For Leaving
FROM:	TO:				
Supervisor's Name	Supervisor's Title	Telephone	May We Contact?		
			YES	NO	
Please Provide A Brief Description Of Your Work & Responsibilities					
Company Name:		Company Address:			
Dates Employed: (Mo/Yr)		Job Title	Wage/Salary	Reason For Leaving	
FROM:	TO:				
Supervisor's Name	Supervisor's Title	Telephone	May We Contact?		
			YES	NO	
Please Provide A Brief Description Of Your Work & Responsibilities					