



**FUSION PUMPING LLC. / FUSION READY MIX**  
**2222 W Broadway Rd, Phoenix, AZ 85041**

**Employment Application**

Please complete the entire application.

It is the policy of Fusion Pumping LLC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

**Applicant Information**

Applicant Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Number of years at this address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Driver's License (State/Number) \_\_\_\_\_

**Employment History**

Do we have permission to contact your "current employer?" \_\_\_\_\_ YES \_\_\_\_\_ NO  
Comments: \_\_\_\_\_

Current Employer Name \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_  
Wage/ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Current Employer Name \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_  
Wage/ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Emergency Contact**

Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

**Job Position**

Job Position Applied For \_\_\_\_\_

Full Time \_\_\_\_\_ or Part Time \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide date and state \_\_\_\_\_

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT  
UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Please provide any other information that you believe should be considered.

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_