

EMPLOYMENT APPLICATION



801-707-3470
1108 W So Jordan Pkwy, Ste B
PO Box 95026
South Jordan, UT 84095

Date of Application: _____

Position Applying For: _____

Requested Pay Scale: _____

Social Security Number: _____

APPLICANT

Name: _____

Current Address Last First Middle _____

Street _____

City State Zip Code _____

Phone: _____

Date of Birth: ____ / ____ / ____

DATES

Previous Addresses: (3 Years)

From:	To:

Street City State & Zip Code _____

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Street City State & Zip Code _____

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Street City State & Zip Code _____

HOBBIES & INTERESTS

EXPERIENCE & QUALIFICATIONS

Do you have any certifications or training that may help in your work for this company?

Description:		Expiration Date:	
Description:		Expiration Date:	
Description:		Expiration Date:	

EDUCATION

Last School Attended (name): _____	City, State: _____
Highest level of education: _____	
Degree Obtained: Yes No Type of Degree: _____	

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EMPLOYMENT HISTORY

List all employment for the previous 3 years, all driving jobs for the previous **10 years**, including any gaps between employers.

Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No
Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No
Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No

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Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No

Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No

Employer:		Period of Employment		Supervisor:	
Address:		From:	To:	Telephone:	
City, State, Zip:				Fax:	
Titles & Duties:					
Reasons for Leaving:					
Were you subject to the Federal Motor Carrier Safety Regulations during this Period?				Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes	No

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DRIVER'S LICENSE INFORMATION

List All licenses held within the previous 3 years

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency? If yes, give state of issuance and explanation of the circumstances: Yes No

DRIVING EXPERIENCE

Types of Equipment (Truck, tractor/trailer, tank, etc...)	Dates		Approx Mileage Driven (Total)
	To	From	

List all traffic violations convictions for the previous 3 years (Write NONE, if None)

Date	Location	Violation	Commercial Vehicle	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

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OTHER EXPERIENCE

On a scale of 1-5, with one being the best, please rank your experience in the following:

Dump Truck	1	2	3	4	5	Labor	1	2	3	4	5
Truck & Pup	1	2	3	4	5	Concrete Finisher	1	2	3	4	5
Dump Truck & Transport	1	2	3	4	5	Concrete Laborer	1	2	3	4	5
Tractor/trailer	1	2	3	4	5	Pipe	1	2	3	4	5
Water Truck	1	2	3	4	5	Trackhoe	1	2	3	4	5
Skidsteer	1	2	3	4	5	Front End Loader	1	2	3	4	5
Other:											
_____	1	2	3	4	5						

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Applicant's Signature

Date Signed