

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING _____ **DATE:** _____

PERSONAL INFORMATION

Legal name: First _____ Last _____ Middle Initial _____

Phone _____ Other Phone _____

Email _____

PREVIOUS THREE YEARS RESIDENCY

Street _____ City _____ State & Zip Code _____ # Years _____

Street _____ City _____ State & Zip Code _____ # Years _____

Street _____ City _____ State & Zip Code _____ # Years _____

(Attached sheet if more space is needed)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than more than one motor vehicle license, the information for which is listed below.

State	Type	Edorsments	Expiration Date
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DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-on, Rear-end, upset. Etc.)	Number Fatalities	Number Injuries	Chemical Spills	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 2 YEARS (OTHER THAN PARKING VIOLATIONS)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and

Reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Second Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and

Reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

Third Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and

Reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

POSITION INFORMATION

Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

EDUCATION					
Type of school	Name and Location	Dates	Degree	Subjects	Did you graduate?
High School					
College University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience:

SKILLS	
Clerical /Office skills	
Computer skills	Name of software: _____
Languages	
Other special knowledge or skills	

Please describe any other experience, abilities or skills that might be helpful in considering your application:

The following three questions are voluntary, and will not affect your consideration for employment:

SEX: Male Female VETERAN: Yes No (If you are eligible for pref. points, submit DD214/DD215)

RACE: White Black American Indian Hispanic Asian Native Hawaiian or Other Pacific
 Other _____ Do not wish to answer

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant _____
Date

Disclaimer Notice to all applicants: All companies associated with this office; B. Jackson Construction, Inc., C. Jackson Construction, Inc., Horizontal Directional Drilling/Willco, Inc. and Rocky Mountain Trenchless, Inc. will verify all new hires' eligibility through E-VERIFY. All new hires regardless of Race, Color, Religion or Gender will be verified within three business days of completing the I-9 form. All new hires regardless of Race, Color, Religion or Gender will have the opportunity to contest a Tentative Non-Confirmation and will not be discriminated against during the confirmation process. Termination will take place when Final Non-Confirmation is received.

Office Use Only:

