

# PHOENIX EXCAVATING, INC.

Employment Application



**APPLICANTS ARE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG SCREEN, BACKGROUND CHECK, AND HAVE A DRIVER'S LICENSE IN GOOD STANDING. DOT QUALIFIED DRIVERS ARE ALSO REQUIRED TO COMPLETE A COMPREHENSIVE BACKGROUND AND DRIVING HISTORY (PAGE 3).**  
**NON DOT DRIVERS DO NOT NEED TO FILL OUT THE DRIVER EXPERIENCE PAGE.**  
 IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP STATUS.

### APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Mailing Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Social Security No.			Date Available			Desired Salary	
Position Applied for				Temporary	<input type="checkbox"/>	Full Time	<input type="checkbox"/>
				Part Time	<input type="checkbox"/>		
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>	If so, when?		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Names of any relatives employed by this company							
Are you currently employed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If not, how long since leaving employment?		
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain below: Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.		

### EDUCATION

Circle Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4
Last School Attended:																	

### TRAINING CERTIFICATES

*(Please include copy of any certification cards)*

Competent Person	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Traffic Control	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Confined Space	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OSHA 30	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CPR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OSHA 10	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
First Aid	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Other:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

### MILITARY

Have you ever served in the U.S. Armed Forces?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, which branch of service:				
Describe any military training received relevant to the position you are applying for below:									
Are you currently serving in Military Reserves?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Are you currently serving in National Guard?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

### EMPLOYMENT HISTORY

*\*The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.*

*Start with the last or current position, including any military experience, and work back (Add another sheet if necessary. There is another page at the end of the application) You are required to list the complete mailing address: street number, city, state and zip code.*

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
<i>*Were you subject to the Federal Motor Carrier Safety Regulations at this job?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>*Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
<i>*Were you subject to the Federal Motor Carrier Safety Regulations at this job?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>*Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
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From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
<i>*Were you subject to the Federal Motor Carrier Safety Regulations at this job?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>*Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

**DRIVING EXPERIENCE – FOR CDL POSITIONS**

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck / Dump Truck			
Dump Truck & Equipment Trailer			
Water Truck or Tanker Truck			
Other			

List States Operated in for Last 5 Years

List Special Courses or Training (HAZMAT, ETC)

List any Safe Driving Awards you hold/from

**ACCIDENT RECORD FOR PAST THREE (3) YEARS: (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident (City and State)	# of Fatalities	# of People Injured

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE (3)**

Date	Location	Charge	Penalty

**DRIVER'S LICENSE INFORMATION - Drivers Licenses held in past 3 years must be shown**

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO

Has any license, permit or privilege ever been suspended or revoked? YES  NO

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES  NO

If the answers to any questions listed above are "yes", give details below:


**TO BE READ AND SIGNED BY APPLICANT**

An offer of employment will only be made after a personal interview, and depending upon position applied for, a skills test may also be required. All candidates offered a position will be required to complete additional documentation including but not limited to employment eligibility verification, tax forms, and other employment related forms, as well as submit to substance abuse testing, background screening, and a MVR review.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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.

Signature

Date

Applicants Signature

**EMPLOYMENT HISTORY – ADDITIONAL PAGE**

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<b>Company</b>		Phone	
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Job Title	Starting Salary	\$	Ending Salary \$
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<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
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