



# Employment Application

## Applicant Information

Date:					
First Name:		Middle Init:		Last Name:	
Phone:		Email:			
Date of Birth:		Social Security #:			
Position Sought:		Desired Pay Rate:		Date Available for Work:	
Union Membership (Local #):			Are You Currently Employed:		
Do you have legal right to work in the United States of America? Yes No					

## License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21).

I certify that I do not have more than one motor vehicle license. \_\_\_\_\_ (Init.)

Include all licenses held for the **past 3 years**; attach additional sheets if needed.

License#	State	Type/Class	Endorsements	Expiration Date

## Previously Held Licenses


## Experience

### Driving

Class	Equip Type	Date From	Date To	Approx Miles#
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Dump Trailer				
Tractor & Two Trailers				
Other				

### Heavy Equipment/Trade/Special Skills

List Type	Description	Date From	Date To

## Education

School	Name/Location	Course Of Study	Yrs Completed	Graduate	Details
High School					
College					
Trade School					
Other					

### Other Qualifications (ACI, OSHA...)

License/Certificate	State	Date Expires	Details

First Name:		Middle Init:		Last Name:	
<b>Employment History</b>					
<i>Commercial Motor Vehicle Driver Applicants: 49 CFR 391.21 requires that all applicants list all employment for the <b>last three (3) years</b>. If you have <b>driven a commercial vehicle previously</b>, you must provide employment history for an <b>additional seven (7) years</b> (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.</i>					
<b>Attach Additional Sheet if More Space Needed. Check Box if Attached</b>					
<b>Current (Most Recent ) Employer</b>					
Name:				Phone:	
Address:					
Position:		From (Mo/Yr):		To (Mo/Yr):	
Reason for Leaving				Pay Amount:	
Explain Gaps in Employment (Mo/Yr & Reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <b>Yes</b> <b>No</b> <b>N/A</b>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <b>Yes</b> <b>No</b> <b>N/A</b>					
<b>Second (Most Recent ) Employer</b>					
Name:				Phone:	
Address:					
Position:		From (Mo/Yr):		To (Mo/Yr):	
Reason for Leaving				Pay Amount:	
Explain Gaps in Employment (Mo/Yr & Reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <b>Yes</b> <b>No</b> <b>N/A</b>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <b>Yes</b> <b>No</b> <b>N/A</b>					
<b>Third (Most Recent ) Employer</b>					
Name:				Phone:	
Address:					
Position:		From (Mo/Yr):		To (Mo/Yr):	
Reason for Leaving				Pay Amount:	
Explain Gaps in Employment (Mo/Yr & Reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <b>Yes</b> <b>No</b> <b>N/A</b>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <b>Yes</b> <b>No</b> <b>N/A</b>					
<b>Residency</b>					
<b>Previous Three Years - Attach Additional Sheet if More Space Needed. Check Box if Attached</b>					
<b>Current</b>					
Street	City	State	Zip Code	# of Years	
<b>Mailing - Same as Residency (Check Block)</b>					
<b>Previous</b>					
<b>Previous</b>					
<b>Previous</b>					

First Name:		Middle Init:		Last Name:	
<b>Accident/Violations</b>					
<i>Preceding 3 Years/Most Recent First - Attach Additional Sheet if More Space Needed. Check Box if Attached</i>					
<b>Accident Record</b>					
<b>Date</b>	<b>Nature of Accident</b>	<b># Fatalities</b>	<b># Injuries</b>	<b>Chemical Spills (Y/N)</b>	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
Have you ever been convicted of a felony or misdemeanor offense?    Yes      No					
If yes, explain:					
<b>Traffic Convictions and Forfeitures (<i>Other than Parking</i>)</b>					
<b>Date Convicted (Mo/Yr)</b>	<b>Violation</b>	<b>State of Violation</b>	<b>Penalty</b>		
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					
<p>I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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. _____ (Init.)</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company. _____ (Init.)</p> <p>I understand that the information I provide regarding my current and/or prior 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. _____ (Init.)</p> <p>I understand that I have the right to:</p> <ul style="list-style-type: none"> <li>• Review information provided by current/prior employers;</li> <li>• Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and</li> <li>• 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.</li> </ul>					
<p>I understand that Xtreme Elements Construction LLC is a drug free workplace, that a drug and/or alcohol test will be required and the results will be a condition of my employment. Additionally, as a drug free workplace every employee throughout their employment is subject to periodic, incidental (post-accident) and/or random testing. _____ Init.</p>					
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.					
Applicant Signature:				Date:	
Applicant Name (Printed):					