

Native Excavating, Inc.

1878 13th Street, Steamboat Springs, CO 80487
(970) 879-6231 or (970) 879-6238 fax

Application for Employment

EMAIL ADDRESS _____

POSITION APPLIED FOR _____ DATE OF APPLICATION ____/____/____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____
NAME OF SOURCE (IF APPLICABLE) _____

IF YOU HOLD A CDL DRIVER'S LICENCE YOU MUST COMPLETE ALL THE REQUIRED INFORMATION ON THE ATTACHED DRIVER APPLICATION WHETHER OR NOT YOU ARE APPLYING FOR A DRIVER POSITION

NAME _____
LAST FIRST MIDDLE
ADDRESS _____
STREET and/or P.O. BOX CITY STATE ZIPCODE
TELEPHONE NUMBER (____) _____

If necessary, best time to call you at home is _____
May we contact you at work? YES NO

If yes, work number and best time to call. _____ (____) _____
Area Code

Are you under 18? YES NO
If you are under 18, can you furnish a work permit? YES NO
Date of birth? (optional) _____

Have you filed an application here before? YES NO
Have you ever been employed here before? YES NO

If yes, give dates _____ FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work _____/____/____

Type of employment desired: Full Time Part Time Temporary Seasonal
Are you on a lay-off and subject to recall? YES NO

Have you had an injury that may prevent you from doing the work you are applying for? YES NO

Will you work overtime if required? YES NO

If required by the employer, will you undergo a pre-employment physical? YES NO

If hired I agree to a pre-employment drug test YES

Are you capable of lifting 75 pounds or more in repetition? YES NO
(It is possible that this may be a task performed on the job.)

Have you been convicted of a felony in the last seven (7) years? YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's license number (If required by job) _____ State _____

Moving Traffic Convictions and Forfeitures for the past 3 years

Date	Offense	Location	Type of Motor Vehicle Operated

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

B. Has any license, permit or privilege ever been revoked? Yes No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? Yes No

EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____	Position held: _____	[] CDL? From: _____ To _____
Address: _____	City: _____	ST: _____
Telephone #: _____	FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last Employer: _____	Position held: _____	[] CDL? From: _____ To _____
Address: _____	City: _____	ST: _____
Telephone #: _____	FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Employer: _____	Position held: _____	[] CDL? From: _____ To _____
Address: _____	City: _____	ST: _____
Telephone #: _____	FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Employer: _____	Position held: _____	[] CDL? From: _____ To _____
Address: _____	City: _____	ST: _____
Telephone #: _____	FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Employer: _____	Position held: _____	[] CDL? From: _____ To _____
Address: _____	City: _____	ST: _____
Telephone #: _____	FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Applicant's Signature _____

DATE _____

DRIVER APPLICATION

Company Name: _____
Company Address: _____ _____

Applicant Name: _____	SSAN:: _____
Current Address: _____	Date of Birth: _____
City: _____ St. _____ Zip: _____ How Long? yrs. mos. _____	

Residence Past 3 Years

Address: _____	City: _____ St. _____ Zip _____ How Long? yrs. mos. _____
Address: _____	City: _____ St. _____ Zip _____ How Long? yrs. mos. _____
Address: _____	City: _____ St. _____ Zip _____ How Long? yrs. mos. _____

Experience and Qualifications as a Driver

State	License #	Expiration Date	Type/Class (CDL A)	Endorsements

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank)	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

DRIVER APPLICATION ADDENDUM

RESIDENCE

Address:						
City:	St.	Zip	How Long?	yrs.	mos.	
Address:						
City:	St.	Zip	How Long?	yrs.	mos.	
Address:						
City:	St.	Zip	How Long?	yrs.	mos.	

EMPLOYMENT

Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer:	_____					
Position held:	_____	[] CDL?	From:	_____	To	_____
Address:	_____		City:	_____	ST:	_____
Telephone #:	_____		FAX:	_____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ per Final \$ per	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ per Final \$ per	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ per Final \$ per	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ per Final \$ per	

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
High School				
College		Major	Degree	
Other				

REFERENCES

NAME	TELEPHONE AREA CODE ()	YEARS KNOWN
	AREA CODE ()	
	AREA CODE ()	

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date / /