



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Draper, Utah 84020
(801) 577-8034 Fax: (801) 571-0058

NOTICE TO ALL JOB APPLICANTS

Please read carefully the following information before completing the application for employment:

1. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, disability or sex, etc. as prohibited by law or regulation. Salt Lake Excavating, Inc. is an equal opportunity employer.
2. All new employees must pass a drug test before starting work. Salt Lake Excavating, Inc. also conducts random drug tests on all current employees in accordance with its drug prevention program.
2. Salt Lake Excavating, Inc. hires only United States citizens and lawfully authorized alien workers. Applicants who are offered a job will be required to present documents proving their identity and eligibility to work in the United States.
4. I understand that my employment with Salt Lake Excavating, Inc., if hired, is at will and understand that my employment and conditions of employment may be changed and/or terminated at any time with or without notice.

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____
Social Security Number: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

POSITION YOU ARE APPLYING FOR

Title: _____ Salary Requirement: _____
How did you learn about this opportunity? _____
Date you can start: _____
Are you looking for full-time or part-time employment? Full-time Part-time
Will you work overtime, on occasion, if necessary? Yes No
Do you have any on-going obligations such as school, another job or other personal commitments that might affect your work schedule here? Yes No
List job benefits, other than wages you expect or want in order of importance: _____
List any special skills you may have (typing, machine operation, etc.): _____
Emergency Contact Name: _____ Phone Number _____

EDUCATION RECORD

Type of School	Name and Location of School	Years Attended	Type of Diploma or Degree	Major Field of Study
HIGH SCHOOL OR G.E.D				
COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL				
ADDITIONAL LICENSES & CERTIFICATES				

Work History (give information about your last 4 jobs, starting with the most recent)

1-Employer _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Manager's Name and Title: _____

Reason for Leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) 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

2-Employer _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Manager's Name and Title: _____

Reason for Leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) 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

3-Employer _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Manager's Name and Title: _____

Reason for Leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) 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

4-Employer _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Manager's Name and Title: _____

Reason for Leaving: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) 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

Note: DOT requires drivers to complete work history for at least 3 years and/or commercial driving experience for the past 10 years. Please attach a sheet if more space is needed.

PRESENT EMPLOYMENT

Are you presently employed? Yes No _____

Do you need to give your present employer an advance notice? Yes No _____

Do you authorize us to contact your present employer for a reference? Yes No _____

PRIOR EVENTS

Have you ever been discharged for cause? Yes No _____

Have you ever been indicted or convicted of a law violation other than a minor traffic violation? Yes No _____

Do you have a physical handicap for which you request special consideration? Yes No _____

Would you be willing to take a drug/alcohol screening exam before and after employment if requested? Yes No _____

PLEASE READ AND SIGN

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal.

I hereby authorize any former employer, person, firm or corporation listed heron, including this company, to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will any time upon notice by either the company or myself.

I agree to take and pass a company paid-for physical examination by a physician and/or a controlled substance abuse test at any time before or after employment. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment.

In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due upon termination may be offset by payroll deduction against any such monies due the company.

Signature: _____ Date: _____

All driver applicants **must** complete additional section found on next page

DRIVER APPLICANT SECTION

(MUST complete fully by DOT regulations)

Date of Birth: _____
Month Day Year

Addresses for the past 3 years.

Street	City	State/Zip	How long?
Street	City	State/Zip	How long?
Street	City	State/Zip	How long?

DRIVERS EXPERIENCE AND QUALIFICATIONS

Driver Licenses

State	License #	Type	Expiration Date

DRIVER EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat etc.)	(Dates) From	(Dates) To	Approx # of Total miles
Straight Truck				
Tractor/Trailer				
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.)	Fatalities	Injuries
Straight Truck			
Tractor/Trailer			
Other			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

- | | | |
|---|-----|----|
| 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes | No |
| 2. Has any license, permit or privilege ever been suspended or revoked? | Yes | No |

IF THE ANSWER TO 1 OR 2 IS YES, Please provide explanation below