



# Application for Employment

**APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY FOR EMPLOYMENT CONSIDERATION**

Date: \_\_\_\_\_

Full Name \_\_\_\_\_  
First \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last \_\_\_\_\_

\*\*\*Current Address \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address that you can be contacted at: \_\_\_\_\_

How long have you been at this residence: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you qualify for any of the following minority status? Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Indian \_\_\_\_\_ Other \_\_\_\_\_

Are you a Citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If so, of which war? \_\_\_\_\_

**\*\*\* If at the above residence less than three years, list below all the residences for the past three years.**

Street	City	State	Zip
Street	City	State	Zip

Position applying for? \_\_\_\_\_

Referred By? \_\_\_\_\_

Have you worked for Miles Excavating before? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Names of any relatives employed by Miles Excavating? \_\_\_\_\_

Are you currently in a Union? \_\_\_\_\_ If so, which one? \_\_\_\_\_ Years? \_\_\_\_\_

Are you currently in a Union Apprentice Program? \_\_\_\_\_

\*Do you have any interest in joining a Union? \_\_\_\_\_

\*Do you have a 10 hour OSHA certification? YES NO **\*Requirement of Employment**

Do you have OSHA Crane, Rigging & Signaling certification? YES NO

Highest grade completed: 1 -12 College: 1- 4

Last Attended? \_\_\_\_\_  
name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of the bonding company? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_



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If yes, please explain fully on a separate sheet of paper. Conviction of a crimes is not an automatic bar to employment - all circumstances will be considered.

**Do you suffer from any medical condition? If so, please describe**

**Have you ever been involved in any incident as an individual, or with another employee in any prior position with any company that resulted in injury to yourself or other property damage? YES \_\_\_\_\_ NO \_\_\_\_\_ If you checked 'yes'; describe incident in detail on back of this page. You cannot withhold previous work related incidents from your application information.**

**PREVIOUS EMPLOYMENT WORK HISTORY**

Applicants that desire to drive in intrastate/interstate commerce must provide the following on all employees 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).

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)  
Must list the complete address: street number and name, city, state and zip code

Current Employer \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
Full 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 \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
Full 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 \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
Full 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 \_\_\_\_\_



**MOTOR VEHICLE INFORMATION** **All**  
**applicants must fill out first three sections of this page**

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

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsements	Expiration Date

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 suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered "yes" to A, B, or C, attach a statement giving details.**

**ACCIDENT RECORD FOR 3 YEARS OR MORE (ATTACH SHEET IF NECESSARY)**

Dates	Nature of accident (Head-On, Rear-End, Overturn, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills Involved

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Date Convicted	Violation	State of Violation Location	Penalty (Forfeited bond, collateral and or Points)

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment	Dates From -To	Approx. No of Miles (Total)
Straight Truck			
Tractor and Semi Trailer			
Twin Trailers - LCV's			
End Dumps			

List courses for training that will help you as a driver: \_\_\_\_\_

List driving awards held and who awards were presented by: \_\_\_\_\_



**MECHANIC AND MAINTENANCE APPLICANTS ONLY**

**MAINTENANCE EXPERIENCE & QUALIFICATIONS**

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Refrigeration (Cargo)			General Car Repair		

**SHOP EQUIPMENT**

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Types)			Wheel and Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification (Specify)					



OPERATOR / LABORER APPLICANTS ONLY					
OPERATOR / LABORER EXPERIENCE AND QUALIFICATIONS					
Operator Qualifications			Laborer Qualifications		
Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Indicate training and experience in the following:	Formal Training (check)	Years of Experience
Uni-Loader			Concrete		
Back-Hoe			Grading		
Asphalt			Asphalt		
Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Track-Hoe			Brick		
End Dump			<b>Pipe</b>		
Arctic Truck			Sewer		
Blade			Sanitary		
Scraper			Other		
Fly-Ash					
Curb Machine					
Milling Machine					



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**EMERGENCY INFORMATION**

In Case of an Emergency Notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I Certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons name herein from all liability for any damages on account of furnishings such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate and that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature