

# Employment Application



## Applicant Information

<b>First Name:</b>		<b>Last Name:</b>		<b>MI:</b>	
<b>Current Address:</b>					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
<b>Phone:</b>		<b>E-mail Address:</b>			
<b>DOB:</b>		<b>Social Security #:</b>			
<b>Date Available:</b>		<b>Hours Available to work:</b>		<b>Desired Salary:</b>	\$
<b>Desired Position:</b>		<b>Do you have a valid Driver's License?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Do you have a valid CDL?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Were you referred by a Precision Underground Inc. Employee?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Who?</b>		
<b>Are you a citizen of the United States?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If no, are you authorized to work in the U.S.?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Have you ever worked for this company?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes, when?</b>		

## Previous Three Years Residency

<b>Street:</b>	<b>City:</b>	<b>State/Zip:</b>	<b># of Years:</b>
<b>Street:</b>	<b>City:</b>	<b>State/Zip:</b>	<b># of Years:</b>
<b>Street:</b>	<b>City:</b>	<b>State/Zip:</b>	<b># of Years:</b>

## Education

<b>High School:</b>	<b>City/State:</b>				
<b>Course/Subject:</b>	<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	
<b>College:</b>	<b>City/State:</b>				
<b>Course/Subject:</b>	<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	
<b>Other:</b>	<b>City/State:</b>				
<b>Course/Subject:</b>	<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	

## References- Please list three professional references we may contact

<b>Full Name:</b>	<b>Relationship:</b>		
<b>Company Name, City, and State</b>		<b>Phone:</b>	
<b>Full Name:</b>	<b>Relationship:</b>		
<b>Company Name, City, and State</b>		<b>Phone:</b>	
<b>Full Name:</b>	<b>Relationship:</b>		
<b>Company Name, City, and State</b>		<b>Phone:</b>	

## Previous Employment

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) 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 more than one (1) month must be explained.

Start with the most current employment position, including any military experience and work backwards (attach separate sheets if necessary).

You are required to list the complete mailing address, including street number, city, state, zip and complete all information requested.

### Current (Most Recent) Employer

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
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Explain any gaps in employment (include month/year and reason):	
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1. While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO
2. Was the job designed 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?  YES  NO

### Second (Most Recent) Employer

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
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Explain any gaps in employment (include month/year and reason):	
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1. While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO
2. Was the job designed 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?  YES  NO

### Third (Most Recent) Employer

Company:		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"/>
Explain any gaps in employment (include month/year and reason):				If no, explain:	
<p>1. While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Was the job designed 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
<b>Other Qualifications</b>					
Please list any other qualifications that you have and which you believe should be considered.					
<b>Disclaimer and Signature</b>					
<b><i>Please read and understand this statement before signing your application.</i></b>					
The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.					
I hereby authorize Precision Underground and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, medical history, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.					
I further authorize any individual, company, firm, corporation, or public agency to divulge all information, verbal or written, pertaining to me, to Precision Underground or its agents. I further authorize the complete release of any records or data pertaining to me which the individual company, firm, corporation, or public agency may have, to include information or data received from other sources. Precision Underground and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants information, including, but not limited to, addresses, social security numbers, and dates of birth.					
I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.					
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. I understand that I have the right to:					
<ul style="list-style-type: none"> <li>• Review information provided by current/previous employers.</li> <li>• Have errors in the information corrected by previous employers, and for those previous employers to resent 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>					
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.					
<ul style="list-style-type: none"> <li>• NOTE: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</li> </ul>					
<b>Applicant Signature:</b>					<b>Date:</b>
<b>Applicant Name (printed):</b>					



## License Information and Driving History

The position I am applying for with Precision Underground is: \_\_\_\_\_

### License Information

I understand that Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Full Name (as shown on license):	State Issued:	License No:
Issue Date:	Expiration Date:	Type: (Class A, B, D, etc):

### Driving Experience

*Check here if you do not have experience driving any of the following types of equipment.*

Class of Equipment:	Type of Equipment: (Van, Tank, Flat, Etc)	Dates:		Approx. No of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor- Two Trailers				
Other				

### Accident Record for Past 3 Years

*Check here if you have not had any accidents within the last 3 years.*

Dates	Nature of Accident	Number of Fatalities	Number of Injuries	Chemical Spills Y or N

*Attach another sheet if more space is needed.*

## Traffic Convictions and Forfeitures for the Past 3 Years

(Other than Parking Violations)

Date Convicted (month/year)	Violation	City and State of Violation	Penalty (forfeited bond, collateral, and/or points)

*Attach another sheet if more space is needed.*

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

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

## Authorization and Release of DMV Records

I understand that driving a company vehicle (or if there is a need to drive your personal vehicle) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow Precision Underground to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Precision Underground vehicle after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that Precision Underground will use this information for employment purposes only and will not send this information to a third party without my written consent.

I agree to release Precision Underground, its employees, and those who supplied the company with the information from liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

<b>Employee Signature:</b>	
<b>Date:</b>	



## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to Precision Underground to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The queries will be conducted prior to employment and yearly thereafter for the duration of employment.

I understand that if the limited query conducted by Precision Underground indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Precision Underground without first obtaining additional specific consent from me. If consent is required, I will receive the request emailed to the address listed below.

I further understand that if I refuse to provide consent to Precision Underground to conduct a limited query of the Clearinghouse, Precision Underground must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

<b>Employee Signature:</b>	
<b>Email Address:</b>	
<b>Date:</b>	