

TO BE COMPLETED BY ANYONE WHO WILL DRIVE EMPLOYER'S VEHICLE WHETHER REGULARLY OR OCCASIONALLY.

TYPE OF DRIVER'S LICENSE YOU HOLD <input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	ISSUED BY WHAT STATE	EXPIRATION DATE
-------------------------------------------------------------------------------------------------------	----------------------	-----------------

HAS YOUR DRIVER'S LICENSE BEEN REVOKED OR SUSPENDED IN LAST 3 YEARS? NO YES - IF YES, EXPLAIN

HOW MANY YEARS HAVE YOU BEEN DRIVING? LESS THAN 1 YEAR 2-3 YRS OVER 3 YRS

ANY RESTRICTIONS ON YOUR LICENSE? NO YES - IF YES, EXPLAIN _____

DID YOU HAVE ANY MOVING TRAFFIC VIOLATIONS OR ACCIDENTS IN THE LAST 3 YRS NO YES-IF YES, SHOW DETAILS BELOW.

MO./YR.	DESCRIPTION OF VIOLATIONS (Not Parking)	MO./YR.	DESCRIPTION OF ACCIDENTS

Equipment or Machinery you are proficient with _____

Would your work schedule have any restrictions? _____

Any objection to travel, if required by job? _____ Objection to overtime? _____

If hired, could you give written evidence of a right to work in the country? _____

If you are a member of any union, name them _____

Notice to applicants & employees: Screening tests for alcohol and illegal drug use may be required before and during your employment here.

It is understood that employment with this company is temporary. Employment is for the duration of a project, until weather no longer permits construction or lack of work results in termination. Seasonal employment is not guaranteed from season to season.

PHYSICAL INFORMATION

Can you perform all of the duties listed in the job description?

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.

I authorize investigation of all statements contained in this application I understand that misrepresentation or omission of facts called for is cause for dismissal, further I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary be terminated at any time without previous notice.

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed termination from employment. It is by understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or if hired may subject me to immediate dismissal.

I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination at company expense at any time to determine if I am physically fit for the job I am to perform and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.

I further understand that this is an application for employment and that no employment contract is being offered. I have read and understand the above.

DATE: _____

SIGNATURE: _____