



PLEASE PRINT

Date: _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number(s)
Home _____ Other _____ Work _____

1. Have you ever filed an application with us before? _____ If yes, give date: _____
2. Have you ever been employed with us before? _____ If yes, give date: _____
3. Are you currently employed? _____
4. May we contact your present employer? _____
5. Are you lawfully authorized to work in the U.S.? _____
U.S. Citizens who are under 18 years of age and persons who are not U.S. citizens will be required to provide documentation of their authorization to work.
6. On what date would you be available for work? ____ / ____ / ____
7. Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary
8. Are you currently on a Lay Off status and subject to recall? _____
9. Can you travel if a job requires it? _____
10. Are you available to work overtime if required? _____
11. Have you been convicted of a felony within the last 7 years? _____

A criminal conviction does not mean that you automatically will not be hired. All facts and circumstances surrounding your conviction, such as the type of offense and the time since your conviction, will be considered. Consequently, please provide some detailed information about the circumstances of your conviction. DO NOT REPORT convictions that have been expunged or sealed by a court.

12. Have you ever had any job-related training in the United States Military? _____
If yes, please describe _____
13. Have you ever worked in the Energy Industry? If yes, please list company names _____

EMPLOYMENT EXPERIENCE

Employer: _____	Phone: _____
Address: _____	
Job Title & Duties _____	Date Employed: _____
_____	Supervisor: _____
_____	Rate of Pay: Start \$ _____ per _____
_____	Last \$ _____ per _____
Reason for Leaving _____	

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 CFR Part 40? Yes No

Employer:	Phone:
Address:	
Job Title & Duties	Date Employed:
	Supervisor:
	Rate of Pay: Start \$ per
	Last\$ per
Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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If you need additional space, please continue on a separate sheet of paper.

EDUCATION

High School
Years Completed
8 9 10 11 12

School: _____

City: _____

State: _____

Graduate? _____

College
Years Completed
1 2 3 4 5 6 7 8

School: _____

Address: _____

Major/Degree: _____

Other Training
List name of school, location, courses taken, enrollment and termination dates. Include Any job-related training in the Military and describe: _____

Certificate Earned: _____

IF APPLICABLE, Indicate years of experience in the following categories (example: Forklift 7)

MATERIAL HANDLING

Forklift _____
 Crane (Mobile) _____
 Crane (Bridge) _____
 Telehandler _____
 Shipping _____
 Receiving _____
 General Labor _____
 Other _____

CONSTR. CRAFTS

Concrete _____
 Gen. Carpentry _____
 Iron Work _____
 Mechanical _____
 Painting _____
 Dozer _____
 Excavator _____
 Other _____

FITTING/FAB

Lay Out _____
 Fit Up _____
 Punch Press _____
 Saws _____
 Plate Shears _____
 Plate Roll _____
 Burn Table _____
 Heat Exchanger _____
 Welding-Larger _____
 Other _____

WELDING

STICK Welding _____
 MIG Welding _____
 TIG Welding _____
 Aluminum _____
 Nickle _____
 Stainless _____
 Carbon Steel _____
 Other _____

DRIVING

Pick Up _____
 Straight Bed _____
 Tractor Trailer _____

CDL License Yes ___ No ___
 I.D. Number _____
 State _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age or veteran status, physical/mental disability, or any other legally protected status.

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

If yes, explain

B. Have you ever had your license, permit or privilege to drive ever been suspended or revoked?

Yes No

If yes, explain

Please enter Driver's License information below:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

The following section applies to applicants that are applying for CDL Truck driving positions only.

Do you have a CDL License? Yes No

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.

DRIVING EXPERIENCE

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 OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON,REAR-END,UPSET,etc.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS

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

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND,COLLATERAL AND/OR POINTS)