



**APPLICATION FOR EMPLOYMENT**

Please print the answer to all questions relevant to the position for which you are applying. All information will be treated confidentially. Please notify the Company if you need an accommodation to participate in the application process.

GENERAL INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_ Current Date \_\_\_\_\_

Address \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Are you of legal working age? \_\_\_\_ yes \_\_\_\_ no Date of Birth: \_\_\_\_\_

Are you authorized to work unrestricted in the U. S.? \_\_\_\_ yes \_\_\_\_ no

Have you previously worked for this Company? \_\_\_\_ yes \_\_\_\_ no If yes, provide the employment dates, work location and supervisor's name \_\_\_\_\_

Do you have any relatives or friends working for this Company? \_\_\_\_ yes \_\_\_\_ no If yes, provide their names, relationships, and work locations \_\_\_\_\_

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment) \_\_\_\_ yes \_\_\_\_ no  
If yes, provide date, charge and location \_\_\_\_\_

Do you use illegal drugs? (A "yes" answer will disqualify an applicant for employment) \_\_\_\_ yes \_\_\_\_ no

JOB INFORMATION

Position for which you are applying \_\_\_\_\_ How were you referred to this Company? \_\_\_\_\_

**DO NOT LEAVE THIS BLANK**

Employment Desired: \_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Temporary If part time or temporary, times available \_\_\_\_\_

Date available for work \_\_\_\_\_ Salary expected \_\_\_\_\_

Are you willing to work overtime, if required? \_\_\_\_ yes \_\_\_\_ no Are you willing to relocate, if required? \_\_\_\_ yes \_\_\_\_ no

**Licenses held in the past three years must be listed**

State	License #	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No
- B. Do you have a pending charge or past conviction for driving while intoxicated? Yes / No
- C. Has any license, permit or privilege ever been suspended or revoked? Yes / No
- D. Do you have a pending charge or past conviction for possession of a controlled substance? Yes / No
- E. Have you ever been refused liability insurance? Yes / No
- F. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes / No

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

EDUCATION

Name	Address	Major	Years Completed	Degree	Grade Average
High School _____					
College or University _____					
Graduate School _____					
Other (e.g. Business, Trade) _____					

Do you plan additional study? \_\_\_\_ yes \_\_\_\_ no If yes, explain \_\_\_\_\_

What foreign languages do you speak, read, or write? (If applicable) \_\_\_\_\_

OTHER SKILLS

Typing Speed \_\_\_\_\_ (wpm)      What equipment, vehicles, or business machines can you operate? \_\_\_\_\_  
What other skills do you have relevant to your position? \_\_\_\_\_  
Do you hold any certifications? \_\_\_\_ yes \_\_\_\_ no    If yes, explain \_\_\_\_\_

May we contact your present employer? \_\_\_\_ yes \_\_\_\_ no

**EMPLOYMENT HISTORY – List the most recent employer first:**

\*Most recent or present employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your job title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Describe your responsibilities \_\_\_\_\_  
Were you subject to FMCSR's or in a safety sensitive position? \_\_\_\_ yes \_\_\_\_ no    If yes, explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

\*Previous employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your job title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Describe your responsibilities \_\_\_\_\_  
Were you subject to FMCSR's or in a safety sensitive position? \_\_\_\_ yes \_\_\_\_ no    If yes, explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

\*Previous employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your job title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Describe your responsibilities \_\_\_\_\_  
Were you subject to FMCSR's or in a safety sensitive position? \_\_\_\_ yes \_\_\_\_ no    If yes, explain \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

PREVIOUS ADDRESS

Please list previous addresses for the past 3 years

Address _____	No. & Street	City	State	Zip
Address _____	No. & Street	City	State	Zip
Address _____	No. & Street	City	State	Zip
Address _____	No. & Street	City	State	Zip
Address _____	No. & Street	City	State	Zip

REFERENCES

Name	Address	Telephone Number	Occupation

CERTIFICATION AND AGREEMENT

Please read the following information carefully before signing.

I certify that all of the information on this application and accompanying documentation (e.g., resume), if any, is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions of data may disqualify me from further consideration for employment and if employed may result in immediate dismissal.

I agree to conform to the rules and standards of the Company and I understand that employment in all instances is "at will" and can be terminated with or without cause, and with or without notice, at any time of the option of either the Company or myself. I understand that no one other than the President has authority to enter into any agreement for employment for any specified period of time, or to make any arrangements necessary to the foregoing. I also understand that a drug test is required of all applicants for employment and the findings will be used in making an employment decision and I may be subject to announced drug testing as a condition of continued employment on an annual basis.

I hereby authorize Construction Machinery Industrial, LLC and its designated representatives to conduct an investigation of my employment history and motor vehicle driving record (if applicable) and to conduct a drug test. I agree to hold Construction Machinery Industrial, LLC and its designated representatives harmless from all claims of liability resulting from any investigation or drug test.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_