

APPLICATION FOR EMPLOYMENT

2333 N. Bulldog Rd. ○ Cedar City, Utah 84720
(435)865-1936 ○ Fax 867-4390 ○ Sand & Gravel Sales 867-1939

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address		City	State	Zip Code	How Long?
Social Security Number		Date of Birth	Home Phone No.		Mobile Phone No.
Addresses For Past Three Years	Address	City	State	Zip Code	How Long?
	Address	City	State	Zip Code	How Long?

Position(s) Applied For	Date of Application
What is your desired salary range?	Date available for work
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If Part Time or Temporary, please indicate dates or times available
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No - If so, when?	
THE FOLLOWING INFORMATION WILL NOT AUTOMATICALLY PRECLUDE YOU FROM EMPLOYMENT.	
Have you ever been charged with, convicted of, or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No - If you checked yes, please explain, including current disposition of charge(s)	
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EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Date Graduated	Diploma / Degree
High School					
College					
Other (Specify)					

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or protected status. -
(DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown)

Attach Sheet if More Space is Needed

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES Do not include family members

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ Signature of Applicant	_____ Date
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FOR CDL APPLICANT'S ONLY

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(Attach Sheet if More Space is Needed)

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

IF THE ANSWER TO EITHER A OR B IS YES, EXPLAIN GIVING DETAILS - (Attach Sheet if More Space is Needed)

TO BE READ AND SIGNED BY APPLICANT

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.

Applicant's Signature _____

Date _____

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.