



Rocky Mountain Construction Employment Application

PERSONAL INFORMATION

DATE: _____

Name (Last, First Middle)		Telephone Number(s)
Other Names Used (Last, First Middle)		
Address		Date of Birth
City/State/Zip		Social Security Number
Are you legally authorized to work in the United States? Yes No		
Are you applying for:	What shift(s) will you work?	May We Contact Present Employer?
F/T P/T Temp	Days Evenings	Yes No

Have you been convicted of a felony and/or served time in the past seven years? Yes No	If yes please explain:
Military Service? Yes No Branch	

OPTIONAL Ethnicity/Race (circle one): American Indian/Alaska Native Asian Black/African American
 Hispanic/Latio Native Hawaiian/Other Pacific Islander White/Caucasian

EMPLOYMENT HISTORY - Begin with Most Recent Employment

Dates From	To	Company Name	Address
Titles and Duties -			Final Salary:
Reason for Leaving:		Supervisor's Name	Telephone Number
Were you subject to the FMCRS's? _____ Were you in a safety sensitive function in any DOT Regulated Mode Subject to Alcohol and Controlled Substance Testing Requirements as Required by 49 CFR Part 40? _____			
Dates From	To	Company Name	Address
Titles and Duties -			Final Salary:
Reason for Leaving:		Supervisor's Name	Telephone Number
Were you subject to the FMCRS's? _____ Were you in a safety sensitive function in any DOT Regulated Mode Subject to Alcohol and Controlled Substance Testing Requirements as Required by 49 CFR Part 40? _____			
Dates From	To	Company Name	Address
Titles and Duties -			Final Salary:
Reason for Leaving:		Supervisor's Name	Telephone Number
Were you subject to the FMCRS's? _____ Were you in a safety sensitive function in any DOT Regulated Mode Subject to Alcohol and Controlled Substance Testing Requirements as Required by 49 CFR Part 40? _____			

Dates From	To	Company Name	Address
Titles and Duties -			Final Salary:
Reason for Leaving:		Supervisor's Name	Telephone Number
Were you subject to the FMCRS's? _____ Were you in a safety sensitive function in any DOT Regulated Mode Subject to Alcohol and Controlled Substance Testing Requirements as Required by 49 CFR Part 40? _____			

EDUCATION/TRAINING

Have you obtained a high school diploma or GED certificate?		Yes	No
School	Name/Location	Diploma	Major/Emphasis
College/University			
Specialized Courses/Training			

EXPERIENCE - Please Indicate Experience In Any Of The Following Areas

Truck Driver	
Heavy Equipment	
Asphalt Paving	
Road Construction	
Diesel Mechanic	
Other	

DRIVER EXPERIENCE/QUALIFICATIONS - To Be Completed for Driver Positions

Driver Licence	State	Licence Number	Type	Expiration

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE - Attach sheet if more space needed

Dates	Nature of Accident (Head-on Upset etc)	Fatalities	Injuries

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

Location	Date	Charge	Penalty

CLERICAL SKILLS - To Be Completed for Clerical Positions

Typing, WPM		
Shorthand, WPM		
List Specific Computer Skills		

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening

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REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Years Known/Relationship

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.

Signature _____

Date _____