

APPLICATION FOR EMPLOYMENT

Amerine Utilities Construction, Inc. (AUC)

252 SE 10 Ave

Phone: 620-792-1223

P.O. Box 1546

Fax: 620-793-5128

Great Bend, KS 67530

Email: humanresources@amerineconstruction.com

Notice: Pre-employment Drug Testing is required for all positions.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Name: _____ Date: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).

Position Applied For: _____

Phone Number: _____ Email Address: _____

List any relatives employed by AUC: _____

List your addresses of residency for the past 3 years.

Current Address: _____
Street City State Zip

How Long? _____

Prior Address: _____
Street City State Zip

How Long? _____

Prior Address: _____
Street City State Zip

How Long? _____

Do you have the legal right to work in the United States? _____

Who referred you? _____

Rate of pay expected: _____

Have you worked at AUC before? _____

Dates: _____ Rate of Pay: _____

Position: _____

Reason for leaving: _____

EXPERIENCE

DRIVING:

Driver's License:

State	License #	Class	Endorsements	Expiration Date
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Traffic Convictions and/or License Forfeitures for the past 3 years (do not include parking violations):
Include location, date, charge, & penalty.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No

(If you answer yes to either of the 2 previous questions, attach statement giving details)

CMV/CDL DRIVING EXPERIENCE

Type of Equipment	Dates	Approx. # of Miles (Total)
Straight Truck		
Tractor & Semi Trailer		
Other		

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date	Nature of Accident	Fatality	Injury/Non-Injury
Last Accident			
Next Previous			
Next Previous			

EQUIPMENT:

Have you operated any of the following types of equipment?
If so, please list years of experience in the space provided.

<input type="checkbox"/> Forklift _____	<input type="checkbox"/> Dozer _____	<input type="checkbox"/> Trencher _____
<input type="checkbox"/> Backhoe _____	<input type="checkbox"/> HDD _____	
<input type="checkbox"/> Other _____		

UNDERGROUND UTILITIES:

Do you have any underground utilities construction experience? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three years. List mailing address, street number, city state, and zip code. List employers in reverse order starting with the most recent. Add another sheet as necessary.

Applicants applying to drive a commercial motor vehicle as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

Employer Name: _____	Dates Employed: _____
Address: _____	Position Held: _____
City: _____	State: _____ Zip: _____
Salary/Wages: _____	Reason for Leaving: _____
Contact Person: _____	Phone Number: _____

Were you subject to the Federal Motor Carrier's Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated Mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer Name: _____	Dates Employed: _____
Address: _____	Position Held: _____
City: _____	State: _____ Zip: _____
Salary/Wages: _____	Reason for Leaving: _____
Contact Person: _____	Phone Number: _____

Were you subject to the Federal Motor Carrier's Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated Mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer Name: _____	Dates Employed: _____
Address: _____	Position Held: _____
City: _____	State: _____ Zip: _____
Salary/Wages: _____	Reason for Leaving: _____
Contact Person: _____	Phone Number: _____

Were you subject to the Federal Motor Carrier's Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated Mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes No

*Account for all periods between jobs. Include dates (mo/year) & reason: _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e). I understand that I have the right to:

- Review information provided my previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Date: _____

Applicant's Signature: _____

FOR ALL CDL APPLICANTS:

CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG & ALCOHOL CLEARINGHOUSE

I, _____, hereby provide consent to Amerine Utilities Construction, Inc. (AUC) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This authorizes a single limited query for pre-employment purposes as required by FMCSA.

I understand that if the limited query conducted by AUC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to AUC without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for AUC to conduct a limited query of the Clearinghouse, AUC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Date: _____

Applicant Signature: _____