

CDL APPLICATION

JP EXCAVATING, INC.

4102 South 1440 East Circle
St George, UT 84790
435-656-1133

Applicant Name _____ **Date** _____

Current Address _____ **City, State, Zip** _____

Phone Number _____ **Email** _____ **Date of Birth** _____

Can you provide proof of age? _____

Previous Addresses (provide 3 years):

Street _____ **City, State, Zip** _____

Street _____ **City, State, Zip** _____

Street _____ **City, State, Zip** _____

In compliance with Federal and State equal 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.

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, schools, 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) and (e). I understand that I have the right to:

- Review information provided by 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 erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ **Date** _____



Application to Complete

(answer all questions-please print)

Position Applying for: _____ Date of Application _____

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

Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records YES _____ NO _____

Are you currently employed? YES _____ NO _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

Have you ever been convicted of a Felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you applied? _____

If yes, please explain: _____

Driver's License Information: List all licenses held within the previous 3 years.

License Number _____ Class _____ State _____ Exp. Date _____

License Number _____ Class _____ State _____ Exp. Date _____

License Number _____ Class _____ State _____ Exp. Date _____

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 the answer to either of the previous questions is yes, give a statement of the details below:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES _____ NO _____

If YES - Have you successfully completed the return-to-duty process? YES _____ NO _____

If YES - Documentation **MUST BE PROVIDED** before any safety-sensitive transportation function is performed.



Driving Experience

Types of Equipment	Date To	Date From	Approx. Mileage Driven

List all Traffic Violations Convictions for the Previous 3 years (Write NONE, if none.)

Date	Location	Violation	Commercial Vehicle Yes___ No___
			Yes___ No___
			Yes___ No___
			Yes___ No___
			Yes___ No___
			Yes___ No___
			Yes___ No___

List all Accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries



Employment History (attach a separate sheet if more space is required)

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer _____ Dates _____ To _____
Supervisor _____ Phone _____ Address _____
Job Title and Duties _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

Employer _____ Dates _____ To _____
Supervisor _____ Phone _____ Address _____
Job Title and Duties _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

Employer _____ Dates _____ To _____
Supervisor _____ Phone _____ Address _____
Job Title and Duties _____ Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

Military Status

Have you served in the US Armed Forces? _____ Branch _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____

Description of vehicles driver intends to drive:

VEHICLE TYPE (truck, truck tractor, bus, etc.) _____ IF BUS, INDICATE SEATING _____

CAPACITY _____ MAKE _____ MODEL# _____ YEAR _____

TRANSMISSION TYPE (automatic or manual) _____ # OF FORWARD SPEEDS _____



IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS _____ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed) _____

TYPE OF BRAKE SYSTEM _____

STEERING (Manual or power assisted) _____

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME _____

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.) _____

DESCRIPTION OF VEHICLE MODIFICATIONS _____

List OTHER equipment you can operate and years' experience of each (trackhoe, backhoe, forklift, etc.)

Course or Training Completed (OSHA, CPR, etc.)

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigation information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. I ALSO CERTIFY 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 Signature _____

Date _____

