



# NON-CDL APPLICATION

JP EXCAVATING, INC.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Can you provide proof of age? YES or NO

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Application to Complete**

(answer all questions-please print)

**Position Applying for:** \_\_\_\_\_

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

Are you currently employed? \_\_\_\_\_ 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 \_\_\_\_\_

Accident Record for the past 3 years or more (Attach sheet if more space is needed)

Date \_\_\_\_\_ Nature of Accident \_\_\_\_\_ Fatalities? \_\_\_\_\_

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Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency? \_\_\_\_\_

If yes, give state of issuance and explanation of the circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Employment History (Use back of application 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 Worked From_____ 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 Worked From_____ 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 Worked From_____ 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 \_\_\_\_\_



**Experience and Qualifications**

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

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

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I 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.

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Applicant Signature

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Date

