



27154 County Road 13 / Johnstown, CO 80534
office 970.669.1463 / fax 970.669.1964

TRUCK DRIVER APPLICATION

TO THE APPLICANT:

GERRARD EXCAVATING, INC. DOES NOT DISCRIMINATE IN HIRING OR EMPLOY ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

CONSIDERATION OF THIS APPLICATION WILL BE GIVEN. HOWEVER, BY RECEIVING THIS DOCUMENT, GERRARD EXCAVATING, INC. IS UNDER NO OBLIGATION OF EMPLOYMENT TO THE APPLICANT.

General Information (Please Print)

DATE _____ SOCIAL SECURITY # _____ - _____ - _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
NUMBER STREET

_____ CITY STATE ZIP

TELEPHONE (_____) _____ - _____

IN CASE OF EMERGENCY, NOTIFY:
 NAME _____ TELEPHONE (_____) _____ - _____

Are you 18 years of age or older? Yes No

Do you have the legal right to live and work in the U.S.? Yes No

If hired, can you provide the documentation required by U.S. Law? Yes No

(If hired, documented proof of legal right to work is required.)

Since the age of 18, have you ever been convicted of a misdemeanor or felony? Yes No

If so, please advise nature and date. _____

NOTE: A conviction will not necessary disqualify you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness.

Have you ever worked for this company before? If so, please indicate when and position held.

Under any other name? Yes No

If so, under what name? _____

Do you have any relatives employed by this company? Yes No

If so, please state name(s). _____

The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

PREVIOUS RESIDENCY

Please furnish the addresses at which you resided during the 3 years preceding the date on which the application is submitted.

BEGIN WITH THE MOST RECENT

Address	Street	City	State	Length of Residency

COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE

Please furnish the issuing State, number, and expiration of each unexpired commercial motor vehicle operator's license or permit that has been issued to you in the lines provided below.

State	Number	Expiration	License / Permit

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

If so, please explain. _____

Has one ever been suspended? Yes No

If so, please explain. _____

Have you ever been disqualified for violation of Safety Regulations? Yes No

If so, please explain. _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, applicants must show all commercial driver employment for the seven years immediately preceding this three year period. 391.21 (b) (10)(11)

Authorization

I authorize Gerrard Excavating, Inc. to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and all credit sources to disclose to Gerrard Excavating, Inc. such information about me as Gerrard Excavating, Inc. may request.

_____ Initials

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

If you are accepted for employment, when would you be available? _____

List below present and past employment, BEGINNING WITH MOST RECENT

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone						

PAST EXPERIENCE

Please list below the nature and experience in the operation of heavy equipment, including the type of equipment (such as scrapers, backhoes, loaders, excavators, etc.) which you have operated.

Nature (i.e. hauled construction material)	Experience (years)	Type of Vehicle

MOTOR VEHICLE ACCIDENTS

Please list all of the motor vehicle accidents in which you have been involved during the 3 years preceding the date of the application.

Date	Nature	Fatalities/Personal Injuries (explain)

MOTOR VEHICLE VIOLATIONS

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of the application.

Date	Nature

NOTICE TO APPLICANT

1. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize Gerrard Excavating, inc. to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information.
3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of Gerrard Excavating, Inc.
4. I am aware that an investigative consumer report may be made in connection with my application for employment. This report may include information as to my character, general reputation, personal habits, and mode of living, obtained from or through personal interview with persons with whom I am acquainted, or those persons who may have knowledge concerning any such items of information.
5. In the event that such an investigative consumer report is procured, upon my written request of Gerrard Excavating, Inc., I will be provided with a complete and accurate disclosure of the nature and scope of the investigation conducted.
6. I understand that Gerrard Excavating, Inc. follows an employment-at-will policy, in that I or Gerrard Excavating, Inc. may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

PRE-EMPLOYMENT SUBSTANCE DETECTION CONSENT

I understand that according to the Pre-employment Substance Detection Program at Gerrard Excavating Inc., I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and testing agency by a certified laboratory.

I consent freely and voluntarily to this request for a pre-employment urine specimen. I hereby and herewith release Gerrard Excavating, Inc., their employees, agents, and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial motor vehicle for Gerrard Excavating, Inc.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

I understand that if my employment is terminated for **any** reason with Gerrard Excavating, Inc. within 90 days, I am liable for the cost of the urinalysis, which is \$40.00.

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. I have also read and understand the above Notice to the Applicant and the conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicant's Signature

Date

NOTE: Failure to sign the above consent discontinues the employment process.

Equal Opportunity Employer - our hiring policy is simple: We follow the law! This company hires lawful workers only. U.S. citizens or nationals and non-citizens with valid work authorization - without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact the:
Department of Homeland Security
USCIS/SAVE Program
111 Massachusetts Avenue, 2nd Floor
Washington, DC 20001 Phone (888)464-4218

Equal Opportunity Employer - nuestra póliza de empleo es simple: Nosotros seguimos la ley! Sin discriminación, esta compañía emplea solamente trabajadores legales - ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización de trabajo.

La Ley Federal de Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley, esta compañía participa en un programa Piloto Básico de verificación de empleo, establecido por El Departamento de Seguridad Nacional en conjunto con la Administración de Seguro Social en esta forma los empleadores, verificaran la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningún tipo de excepción en la Ley, tenemos la obligación de completar el formulario I-9 para toda persona que nosotros empleamos.

*Para mayor información de este programa de verificación, puede usted comunicarse:
Department of Homeland Security
USCIS/SAVE Program
111 Massachusetts Avenue, 2nd Floor
Washington, DC 20001 Phone (888)464-4218*