P.O. Box 249 90 North 200 East Loa, Utah 84747-0249



Phone: (435) 836-2685 Fax: (435) 836-2870

EMPLOYMENT APPLICATION

We are an equal opportunity employer. As such, we do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, citizenship status, sex, age, disability or veteran status. No question on this application is intended to secure information about these subjects.

on this applica	ilion is intended to secur	e imormation about these	subjects.		
		PERSONAL INFORM	ATION		
Name: Last	First	Middle	Telephone:		
Current Address:			How Long?		
City, State, Zip:					
Previous Address:			How Long?		
Social Security Nun	nber:	Date of Birth:	Home Phone:	Mobile Phone:	
Are you legally auth ☐ Yes ☐ No	norized to work in the United State	s?			
Do you have a relial ☐ Yes ☐ No	ble means of transporation to and	from work that allow you to arrive	consistently on time?		
☐ Yes ☐ No	n convicted, pled guilty or no conte	est to a misdemeanor or felony?			
If yes, please give to	he dates and details of each:				
(A conviction will no	ot necessarily disqualify you from o				
		POSITION APPLYING			
Position desired:		□Full time □ Part time □ Temporary	Date available for work:	Desired Salary Range?	
Are you currently employed? □ Yes □ No			May we contact your present employer? ☐ Yes ☐ No		
Have you ever applied for a job with us before? □ Yes □ No			If yes, where and when?		
Have you ever work ☐ Yes ☐ No	ed for us before?	Dates (from / to):	Name at termination:		
How did you come t	to us? (Please check the appropri	ate box below and give information	where requested)		
☐ Employment Age	vonev		☐ Job Serv	vice	
☐ Social Agency		☐ Walk In			
☐ Employee Referr	al	☐ School F	☐ School Recruiting		
Advertising		☐ Job Fair			
□ Other (explain):	☐ Other (explain): ☐ Friend				
	CON	STRUCTION EXPERIEN	CE SUMMARY		
	21				
☐ Laborer	Check a ☐ Truck Driver	any in which you have previous en	nployment experience ☐ Heavy Equipment Opera	ator	
☐ Foreman	☐ Apprentice		☐ Other (explain)		
- Foreman	■ Apprentice		■ Other (explain)		

	EDUCATION					
		Course of	No. of Years	Date	Diploma /	
	Name and Location of School	Study	Completed	Graduated	Degree	
High School						
College, Business, or Technical College						
Annual time and Out the circle Contification						
Apprenticeships or On-the-job Certification Programs						
_						
List any special training, licenses, certificates ar	nd/or any other training education or person	nal characteristics	that qualify you	for the job:		
List arry special training, necrises, certificates ar	id/of any other training, education, or person	iai characteristics	that quality you	ioi tiic job.		
	EMPLOYMENT					
Start with your present or last job. Incl		assignments a	and volunteer	activities. E	Exclude	
organizations which indicate race, cold	or, religion, gender, national origin, c	lisabilities or pr	rotected statu	s. DOT Re	quires	
that Employment for at Least Three Shown.	(3) Years and/or Commerical Driv	ing Experient	ce for the Pa	st Ten (10)	Years be	
			Datas Fa			
Employer:			Dates Employed			
Address:		From	From To			
Name and title of Supervisor:			Hourly Rate / Salary			
Telephone Number(s):		Starting		Final		
Reason for Leaving:		May we contac	ct? 🛘 Yes 🗖	No		
Employer:			Dates En	nployed		
Address:		From	From To			
Name and title of Supervisor:			Hourly Rate / Salary			
Telephone Number(s):		Starting		Final		
Reason for Leaving:		May we contact	May we contact? ☐ Yes ☐ No			
Employer:			Dates Employed			
Address:		From		То		
Name and title of Supervisor:			Hourly Rate / Salary			
Telephone Number(s):			Starting Final			
Reason for Leaving:		May we contact	ct? □ Yes □	No		
Were you ever discharged from any position?	Employer name and address:	•		Why?		
☐ Yes ☐ No If yes, when?						
Please explain any breaks of employment for m	ore than three consecutive months:					

REFERENCES		
Name:	Telephone:	
Address:	Circle One:	
Best Time to Call: Occupation:	Business	Personal
Name:	Telephone:	
Address:	Circle One:	
Best Time to Call: Occupation:	Business	Personal
Name:	Telephone:	
Address:	0: 1 0	
Best Time to Call: Occupation:	Circle One: Business	Personal
DRIVER'S LICENSE INFORM		
Please complete this section if the job for which you are applying may		anv vehicle
Do you have a valid driver's license?		,
☐ Yes ☐ No License number and State:		
Have you been cited for any motor vehicle accidents / moving violations in the last five years?		
☐ Yes ☐ No If yes, please give details:		
Has your driver's license ever been suspended, revoked, denied or cancelled?		
☐ Yes ☐ No If yes, please explain:		
AUTHORIZATION AND ACKNOWL	EDGEMENT	
I understand that nothing contained in this employment application or interview, and no chandbooks that I might receive, are intended to create an employment contract between providing of any benefit. No promises regarding employment have been made to me, an binding upon the company unless it is made in writing by the President of the Company. employment and compensation are "at will," and I understand that it is for no fixed period at any time, with or without use or notice, and that the company retains the same right. I understand that the Company may investigate my driving record and may contact my predisclose to the company all records pertinent to my employment with them. I hereby released information. I hereby waive any priviledge I may have to such information. I understand that any offer of employment is subject to successfully passing a drug/alcommay be required at any time during my employment. I also understand that ongoing comincluding submissions to required drug tests are a condition of continued employment. I understand and acknowledge that if any misrepresentation or omission of material facts investigation are not satisfactory for any reason, that any consideration, offer or actual erimmediately. If hired, I understand that employment is subject to proof of my employment eligibility with	the company and myself for ed I understand that no such pour If an employment relationship of time and I have the right to revious employers, and I authorise my previous employers from the test that will be required dupliance to the Company Drug is has been made by me or if the imployment by the company medical services and the company medical services are such as the company of the imployment by the company medical services are such as the company of the company medical services are such as the company of the company medical services are such as the company of the	orither employment or for the romise or guarantee is a is established, my a terminate my employment orize those employers to rom all liability for issuing aring my first 30 days and Test policy and procedures the results of any
SIGNATURE		
By signing below I certify that all of the information I have provided on this application is true a	and accurate.	
Applicant Signature	Date	