

**APPLICATION FOR EMPLOYMENT**

POSITION APPLYING FOR: (Journeyman / Apprentice) (Laborer / Painter) Other: \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

CELL NUMBER \_\_\_\_\_ OVER 18 YEARS OLD?  YES  NO DATE AVAILABLE \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

UNION LOCAL \_\_\_\_\_ TRADE \_\_\_\_\_ STAGE \_\_\_\_\_

HAVE HIGH SCHOOL DIPLOMA OR GED?  YES  NO

REFERRED BY \_\_\_\_\_ WORKED PREVIOUSLY FOR THIS COMPANY?  YES  NO

IF HIRED, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES?  YES  NO

CAN YOU TRAVEL?  YES  NO

DO YOU HAVE LIMITATIONS GETTING TO AND FROM WORK?  YES  NO IF YES, PLEASE EXPLAIN

\_\_\_\_\_

DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME IF NECESSARY?  YES  NO

CAN YOU PERFORM THE ESSENTIAL FUNCTION OF THE POSITION FOR WHICH H YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATION(S)?  YES  NO

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST SEVEN (7) YEARS? DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED OR ORDERED SEALED, OR WERE SUBJECT TO THE PROCEESS AND JURISDICTION OF JUVENILE COURT LAS, OR MARIJUANA RELATED OFFENSES MORE THAN TWO (2) YEARS OLD, AS SET FORTH IN CALIFORNIA LABOR CODE SECTION 432.8.  YES  NO IF YES, PLEASE DESCRIBE IN FULL:

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

CELL CARRIER \_\_\_\_\_ PAYCHECK RECEIVED BY: (MAIL) OR (PICKUP FROM SHOP)

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT EXCEPT FROM LACK OF WORK?  YES  NO

\_\_\_\_\_

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS AND LICENSING RELEVANT TO THE POSITION (SSPC)

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

**SPECIALIZED SKILLS**

- Sandblast
- Water Blast 5k
- Water Blast 7-40k
- Plural Component Spray
- Airless Spray Painting
- T-Lock
- Secondary Containment Applications
- Epoxy Floor Coating
- Brush & Roll
- Trowel Coating
- Trowel Concrete
- Anti-Graffiti/Block Sealer
- Gunite
- Erect Scaffolding
- \_\_\_\_\_
- \_\_\_\_\_

**TRAINING CERTIFICATIONS**

- Aerial Lift
- Air Tools
- Confined Space
- CPR
- Fall Protection
- First Aid
- Haz-Com (GHS)
- Lead
- OSHA 10
- OSHA 30
- Respirator Protection
- Scaffold
- \_\_\_\_\_
- \_\_\_\_\_

**THIS IS A DRUG FREE WORKPLACE**

This company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, gender, age, gender expression, gender identity, sexual orientation, disability, mental disability, physical disability, medical condition, genetic information, military and veteran status, protected veteran's status, marital status, political belief, or on the basis of any other basis protected by law.

**REFERENCES**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
 Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
 Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_  
 \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

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

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes  No

If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to 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 acceptance of an offer of employment does not create a contractual obligation upon the Company to continue to employ me in the future. I understand that employment with the Company is at-will, meaning that the terms and conditions of employment may be changed with or without notice with, or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the Company has the authority to make assurances to the contrary.

"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 current/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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.