



SPACCAMONTI EXCAVATING LLC
1805 ASPEN CIRCLE
PUEBLO CO 81006



APPLICATION FOR EMPLOYMENT

APPLICANT NOTE* this application form is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First MI

Phone Number _____
Street City State Zip

Have you worked for this company before? Yes___ No___ Dates: From_____ To_____

Position _____ Reason for leaving _____

Are you 18 years or older? Yes___ No___

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

Security

List states and countries of residence for the past seven years. _____

Have you been convicted of a crime in the past seven years? Yes___ No___ If yes, please describe below: (Convictions will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of job sought and rehabilitation efforts will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1		
2		

COMMENTS: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School(s) attended _____
Name City State

College or University _____
Name City State

Experience and Qualifications-Other

List any experience that may help in your work for this company _____

List coursed and training other than shown elsewhere on this application _____

List special equipment or technical materials you can work with _____

Employment History

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicle used in interstate commerce that weigh 10,001 pounds or more)</i>			Yes _____	No _____
EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	
<i>Did you operate a commercial motor vehicle while in employment? (Vehicle used in interstate commerce that weigh 10,001 pounds or more)</i>			Yes _____	No _____

Driving Record

Circle One CDL-A CDL-B

Driver's License # _____ Expiration Date _____

Please list all traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

LOCATION	DATE	CHARGE	PENALTY

I certify that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial, motor vehicle driving record or medical history and other related matters as may be necessary in arriving at an employment decision. 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 on my application or interview(s) may result in discharge. I further understand, that I am required to abide by all rules and regulations of Spaccamonti Excavating.

I understand that if I am offered employment, I must successfully complete a drug screen. If I test positive for drugs, I will not be eligible for employment. I hereby consent to pre and post-employment drug screening.

Date

Applicant's Signature

For CDL & CMV Drivers Only

Date of Birth _____ - _____ - _____
 (Required for Commercial Drivers)

Precious Addresses for the past 3 years

Street _____ City _____ State _____ Zip _____	How Long? _____
Street _____ City _____ State _____ Zip _____	How Long? _____
Street _____ City _____ State _____ Zip _____	How Long? _____

Experience and Qualifications-Driver

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Drivers Licenses				

Driving Experience-If None, Write None

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				
Motorcoach-School Bus				
Other				

Accident Record for the Past 3 Years or More (Attach Sheet If Necessary)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Nest Previous			

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes____ No____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes____ No____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

List states operated in for last five years _____

 Show special coursed or training that will help you as a driver _____

Continuation of Application For CDL & CMV Drivers Only

Applicants to drive a commercial motor vehicle (vehicles having a GVWR or 10,001 lbs. or more, a GVWER of 26,001 lbs., vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall provide an additional 8 years of information completing a total of 10 years of employment history on those employers for who you operated such vehicles. (Note: List employers in reverse order starting with the most recent.)

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	

EMPLOYER			DATES	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Fax Number ()		Phone Number ()	Reason for Leaving	

(Attach Sheet if More Space is needed)