

CONDITIONS OF EMPLOYMENT

- 1. You must pass a pre-employment drug test & background check
- 2. You are encouraged to obtain a Class A CDL within 60 days of employment
- 3. Alcohol or illegal drugs are not permitted on company or customer property and are grounds for immediate termination

Rsims Construction, LLC is an equal employment opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital, veteran status, or any other legally protected status.

This application form is intended for use in evaluating your qualifications for employment with us.

CONTACT INFORMATION:

Last Name	First Name	Middle Name
Street Address		Apt/Unit
City	State Zip	County
Contact Number (Home/Cell) GENERAL INFORMATION:	Email Address (Used for paystub	os and general correspondence) Check this box if you have a CDL:
Application Position (Write in if not on list)	Are you in a unio	on, if so, which?
Availability to start	Previously Employed Here? Why did you leave?	Referred By:



EQUIPMENT HISTORY

Driver's Full Name (as it appears on Driver's License)

CDL? Driver's License Number Driver's License Type State Exp Date

MOTOR VEHICLE OPERATING EXPERIENCE & QUALIFICATION

(ACCOUNT FOR YOUR OPERATING EXPERIENCE - PROVIDE TIME PERIOD OR APPROXIMATE MILES DRIVEN)

		Dates		
	From		То	Mileage
DUMP TRUCK				
POLE TRAILERS				
TRUCK TRAILERS				
SEMITRAILERS				
ВАСКНОЕ				
TRENCHER				
TRACK HOE				
DIRECTIONAL DRILLING MACHINE				
BULLDOZER				
BORING MACHINE				
DOZER W/ SIDE BOOM				
ASPHALT ROLLER				
FULL TRAILERS				
OTHER				



DRIVING HISTORY

Do you	have a valid di	river's license?	Driver's License Number		State	Exp D	ate
Have yo	ou ever been d	lenied a license, permit, or p	orivilege to operate a motor vehic	cle?			
If yes	, provide details						
Has an	y license, pern	nit, or privilege ever been di	squalified, suspended, or revoke	d for violatio	ons of FMCSRs?		
If yes	s, provide details						
LICENS	ES & ENDOR	SEMENTS					
	List all licens	ses and endorsements held	over the last three years.				
	State	License #	Class & Endorser	ments		Exp Date	
CCIDEN	NT RECORD	ant involvements with any m	notor vehicles for the past three y	vears even	if not at fault. If none	write "non	۵"
	List all acold	one involvemente with any fi	iotor veriloido for the past <u>unice y</u>	At	ii not at laait. Ii non	, write non	U
Month	/Year	Vehicle Type	Nature of Accident	Fault	Ticketed Fatalities	Injuries A	mt Property Damage
RAFFIC	CONVICTION	NS					
	List all traffic	convictions & forfeitures with	h any motor vehicle for the past t	three years	(other than parking)	. If none, wri	te "none."
	Month/Year	Location	Violation (If speeding, show rate	of speed)	Pena	alty/Amt of Fin	е



EMPLOYEE HISTORY

PREVIOUS RESIDENCES (PAST 3 YEARS)

Street City State Zip How Long?

EMPLOYMENT HISTORY

Work Dates

Beginning Company Name Company Address Company Phone Number

End Position Supervisor Name Supervisor Number

Reason for Leaving

Were you subject to FMCSR's?

Was your job designated as "safety sensitive" in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?

Work Dates

Beginning Company Name Company Address Company Phone Number

End Position Supervisor Name Supervisor Number

Reason for Leaving

Were you subject to FMCSR's?

Was your job designated as "safety sensitive" in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?

Work Dates

Beginning Company Name Company Address Company Phone Number

End Position Supervisor Name Supervisor Number

Reason for Leaving



EMPLOYEE HISTORY

EMP

EMPLOY	MENT AUTHORIZATION	ON			
Are	Are you able to perform any or all job functions with reasonable accomodation?				
Are	you 18 years or older? (If no	o, proof of work eligibility re	equired)		
	you, upon employment, pro tity and eligibility to be legal				
	TION HISTORY t the schools you have atten	ded:			
	Туре	Institution Name	City, State, Zip	Degree/Certification	
	- HISTORY DISCLOSURE				
	Please be advised, we do A co		ground checks as a condi natic bar to employment	tion of employment.	
misdem				een convicted for a felony, e been dismissed, expunged,	
If yes,	please list details below:				
	Date of Incident	City/State		Charge	

Full Name Signature