



Employment Application

7225 West 700 South, Morgantown, IN 46160
Phone: (812) 597-4195 Fax: (812) 597-4196

Applicant Information

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City) (State, Zip) How Long?

Previous Address(es): _____
(Street) (City) (State, Zip) How Long?

_____ (Street) (City) (State, Zip) How Long?

Phone #: _____ Date of Birth _____

Employment Question & Expectations

Are you legally eligible for employment in this country? YES NO

Division of employment desired: Operator (Excavator, Dozer, Loader, etc.) Operator (Directional Bore)
 Operator (Other) Laborer (Excavating)
 Laborer (Utility) Truck Driver
 Pipe Layer Concrete Finisher
 Shop (Mechanic, etc.) Office

Type of employment desired: Full-Time Part-Time Temporary
 Seasonal Educational Co-op

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain: _____

Skills & Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

School	Name & Location	Course of Study	Years Completed	Graduated	
				Y	N
High School					
College					
Other					

Employment Record

**NOTE: DOT requires employment for 3 years previous and/or commercial driving experiences for the past 10 years to be shown.
(If additional space is needed for employment record please ask)**

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Starting Wage: _____ Ending Wage: _____

Were you subject to the FMCSRs while employed? YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? YES NO

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Starting Wage: _____ Ending Wage: _____

Were you subject to the FMCSRs while employed? YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? YES NO

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for leaving: _____

Starting Wage: _____ Ending Wage: _____

Were you subject to the FMCSRs while employed? YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? YES NO

Driver's License Information

State	License #	Type	Class	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

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

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

If you answered yes to either of the above 2 questions, attach a statement of explanation.

Accident Record for the Past 3 Years

Dates (List most recent first)	Nature of Accident (Head-on, rear-ended, upset, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Dates Convicted	Violation	State of Violation	Penalty (Forfeited bond, collaterals and/or points)

References

Name	Address	Relationship	Phone Number

Declaration of Employment Status

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

To Be Read and Signed by Applicant

I authorize you (Sub-Surface of Indiana, Inc.) to make such investigations and inquired of 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company (Sub-Surface of Indiana, Inc.)

I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

Signature: _____

Date: _____