

FRANZ CONSTRUCTION, INC.
PO BOX 1046
SIDNEY, MT 59270
PHONE: 406.482.4760 FAX: 406.482.4765



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____

Phone: _____ E-mail Address: _____

** If at current address less than three years, list all residences for the past three years. Attach a separate sheet if necessary.*

Address: _____
Street Address Apartment/Unit#

City State ZIP Code

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City State ZIP Code

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City State ZIP Code

Date Available: _____ Desired Wage/Salary: \$ _____

Position Applied for: _____ Full Time: _____ Part Time: _____ Temporary: _____

Are you currently employed? _____ If not, how long since last employment? _____

Have you ever worked for this company? _____ Dates: From _____ To _____

Rate of Pay: \$ _____ Position: _____ Reason for Leaving: _____

Are you a citizen of the United States (Y/N)? _____ If not, are you legally authorized to work in the US? _____

Have you ever been convicted of a felony (Y/N)? _____ If yes, explain:

EDUCATION

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

High School: _____ Address: _____

From: _____ To: _____ Did you graduate (Y/N)? _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate (Y/N)? _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate (Y/N)? _____ Degree: _____

PREVIOUS EMPLOYMENT *(CDL Drivers require 10 years work history. Attach a separate sheet if necessary.)*

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this previous supervisor (Y/N)? _____ CDL Drivers - FMCSA/DOT regulated (Y/N)? _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this previous supervisor (Y/N)? _____ CDL Drivers - FMCSA/DOT regulated (Y/N)? _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this previous supervisor (Y/N)? _____ CDL Drivers – FMCSA/DOT regulated (Y/N)? _____

REFERENCES *(Please list three (3) professional references)*

Full Contact Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____

Full Contact Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____

Full Contact Name: _____ Position: _____

Company: _____ Phone: _____

Address: _____

WORK EXPERIENCE AND QUALIFICATIONS

** Check the appropriate classification for the position you are applying for and complete the appropriate section.*

CLERICAL: _____ FIELD SERVICE: _____ EQUIP OPERATOR: _____ CDL DRIVER: _____

CLERICAL APPLICANTS

List related courses and training: _____

** Enter years of experience in the following areas:*

Typing: _____ (WPM): _____ Accounting: _____ Billing: _____ Dispatching: _____

** List the computer programs and equipment you are proficient with.*

FIELD SERVICE APPLICANTS

** List any experience and/or qualifications you feel may benefit us in the Field Service area.*

CDL DRIVER APPLICANTS

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

LICENSES: *List Driver's licenses held in the last 3 years. Attach a separate sheet if necessary.*

State: ____ Lic #: _____ Class: ____ Endorsements: _____ Exp: _____

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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 ____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regs? Yes ____ No ____

** If the answer to any of the 3 questions above is "yes" please explain:* _____

<u>DRIVING EXPERIENCE</u>	<u>Equipment (van, tank, flatbed)</u>	<u>Dates</u>	<u>Approx. Total Miles</u>
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Straight Truck:	_____	From: _____ To: _____	_____
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Tractor/Trailer:	_____	From: _____ To: _____	_____
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Other:	_____	From: _____ To: _____	_____
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List states operated in during the last 5 years: _____

List special courses and/or training that will help you as a driver: _____

List driving awards (and presenters) you have received: _____

<u>3 YEAR ACCIDENT REVIEW</u>	<u>Nature of Accident (head-on, rear-end, etc.)</u>	<u>Fatalities</u>	<u>Injuries</u>
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Last accident:	_____	_____	_____
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Next previous:	_____	_____	_____
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Next previous:	_____	_____	_____
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** List any Traffic Convictions and Forfeitures for the past 3 years (other than parking).*

Date: ____/____/____ Location: _____ Charge: _____

Date: ____/____/____ Location: _____ Charge: _____

Date: ____/____/____ Location: _____ Charge: _____

DOT DRIVERS: As required by 49 CFR 391.23 (d) and (e)

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 and I understand I have the right to:

- 1. Review information provided by previous employers;*
- 2. 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*
- 3. Have a rebuttal statement attached to the alleged erroneous information if the employers and I cannot agree to the accuracy of the information.*

Applicant Signature: _____ Date: ____/____/____

APPLICANT INFORMATION CERTIFICATION

If I am employed, I understand that false or misleading information in my application or interview may result in my release from employment.

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: ____/____/____

PLEASE COMPLETE THE ATTACHED AUTHORIZATIONS AND ATTACH THE REQUESTED DOCUMENTS

FOR OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW

Date employed: ____/____/____ Date of Birth: ____/____/____

Position at time of hire: _____ Phone number: ____ - ____ - ____

IN CASE OF EMERGENCY NOTIFY: _____ Phone number: ____ - ____ - ____

Address: _____ City: _____ State: _____

--- THIS SECTION TO BE COMPLETED BY A RESPONSIBLE COMPANY REPRESENTATIVE ---

	Excellent	Good	Average	Below Avg	Poor	Written Record on File
1. Application:	_____	_____	_____	_____	_____	_____
2. Interview:	_____	_____	_____	_____	_____	_____
3. Past Employment:	_____	_____	_____	_____	_____	_____
4. Road Test (CDL only):	_____	_____	_____	_____	_____	_____

Signature of Company Representative: _____

TERMINATION OF EMPLOYMENT

Date: ____/____/____ Dismissed: ____ Voluntary: ____ Other: ____ Termination Report Filed: _____



Motor Vehicle Report (MVR) Request and Authorization to Release

To be completed by applicant/employee.

Individual's Full Name: _____
Last First Middle

Date of Birth: _____ Driver's License Number: _____ State: _____

Check the appropriate response for each question:	YES	NO
▪ Have you ever been denied a license or had one suspended/revoked?	_____	_____
▪ Have you had any moving traffic violations in the past 3 years?	_____	_____
▪ Have you had any vehicular accidents in the past 3 years?	_____	_____

IF THE ANSWER TO ANY QUESTION ABOVE WAS "YES", PLEASE GIVES DATES AND DETAILS (include the state the incident/infraction occurred):

I hereby grant permission for Franz Construction, Inc. to secure my Motor Vehicle Report (MVR) to determine my "driving" insurability under the company insurance policy. I also affirm that the statements made above are truthful and without reservation. I understand that my MVR is likely to contain my driving record, including a record of arrests for driving offenses. Additionally, I understand that the contents of my MVR may be used to underwrite the company's commercial insurance.

(Signature of applicant/employee)

(Address)

(City, State)

(Date)