

Employment Application Form



APPLICATION FOR EMPLOYMENT

APPLICANTS Will BE TESTED FOR ILLEGAL DRUGS

DATE: _____

Name: _____

Last
First
Middle
Maiden

Present address: _____

Number
Street
City
State
Zip

How long: _____ Social Security No: _____

Telephone: _____

If under 18, please list age: _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)

No Pref: _____ Thur: _____
 Mon: _____ Fri: _____
 Tue: _____ Sat: _____
 Wed: _____ Sun: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Are you subject to recall from current layoff? Yes No Can you travel if the job requires it? Yes No

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

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Please list two references other than relatives or previous employers.

| | |
|-------------------|------------------|
| Name: _____ | Name: _____ |
| Position: _____ | Position: _____ |
| Company: _____ | Company: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Telephone : _____ | Telephone: _____ |

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number: _____ Expiration date: _____

If yes, what is the issuing state? _____

Do you have a current DOT Medical Examiner's Certificate (AKA Medical Card)? Yes No

Have you had any moving violations during the past three years? _____ How Many? _____

Have you had any accidents during the past three years? _____ How many? _____

Has any license, permit or privilege ever been suspended or revoked to operate a motor vehicle in the past 3 years?

Yes No

Do you have more than one driver's license? Yes No

List all UNEXPIRED driver's licenses/ permit numbers with expiration dates:

| Driver's license # | State Issue | CDL Endorsements | Expiration dates |
|--------------------|-------------|------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

List all motor vehicle accidents you were INVOLVED in the last three years, including the date of the accident, a brief description, and any resulting injuries or fatalities. Attach additional sheets of needed:

| Date of accident | Nature | Fatalities | Injuries |
|------------------|--------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|------------------|
| Name of Employer: Address: City, State, Zip Code: Phone number: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: To: | Start: Final: |
| | Your last job title: | | |

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

| | | | |
|--|-------------------------|------------------|------------------|
| Name of Employer: Address: City, State, Zip Code: Phone number: | Name of last supervisor | Employment dates | Pay or salary |
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Driving Experience: Check Any That Apply

| Class of Equipment | Years Operated |
|---|----------------|
| <input type="checkbox"/> Tri-axle Truck | |
| <input type="checkbox"/> Low Boy | |
| <input type="checkbox"/> End Dump | |
| <input type="checkbox"/> Water Truck | |
| <input type="checkbox"/> Side Dump | |
| <input type="checkbox"/> Boom Truck | |
| <input type="checkbox"/> Fuel Truck | |
| <input type="checkbox"/> Service Truck | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other | |



Operating Experience: Check Any That Apply

| Class of Equipment | Years Operated and Manufacturer |
|---|---------------------------------|
| <input type="checkbox"/> Compactor | |
| <input type="checkbox"/> Crane | |
| <input type="checkbox"/> Dirt Roller | |
| <input type="checkbox"/> Dozer | |
| <input type="checkbox"/> Dump Truck | |
| <input type="checkbox"/> Gradall | |
| <input type="checkbox"/> Grader | |
| <input type="checkbox"/> Loader | |
| <input type="checkbox"/> Scraper | |
| <input type="checkbox"/> Rubber Tired Backhoe | |

| Class of Equipment | Years Operated and Manufacturer |
|---|---------------------------------|
| <input type="checkbox"/> Excavator/ Track Backhoe | |
| <input type="checkbox"/> Skid Loader | |
| <input type="checkbox"/> Directional Drill | |
| <input type="checkbox"/> Soil Density Gauge | |
| <input type="checkbox"/> Pipe Laser | |
| <input type="checkbox"/> Grade Laser | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other | |

| Heavy Construction Skills/ Experience: Check Any That Apply | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Payroll | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Water Main Installation | <input type="checkbox"/> Survey | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> AutoCAD | <input type="checkbox"/> Crew Leader |
| <input type="checkbox"/> Dirt Grade (Reading/ Measuring) | <input type="checkbox"/> Concrete | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Sewer Grade/ Laser Set Up | <input type="checkbox"/> Driver | <input type="checkbox"/> Flagger/ Traffic Control |
| <input type="checkbox"/> Project Manager | <input type="checkbox"/> Estimator | <input type="checkbox"/> Mechanic/ Parts |
| <input type="checkbox"/> Paving | <input type="checkbox"/> Operator | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Pipe Layer What kind? | <input type="checkbox"/> Painter | <input type="checkbox"/> Earthwork |
| <input type="checkbox"/> Hazardous Material Training | <input type="checkbox"/> Utility Line Locating/ HDD Eclipse | <input type="checkbox"/> Other |



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Terra Works, Inc. I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Terra Works, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Terra Works, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of Ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

TERRA WORKS INC.
49 South Sheridan Road
Clarion, PA 16214

VEHICLE FLEET SAFETY POLICY

Policy

The purpose of this policy is to ensure the safety of those individuals who drive company vehicles. Vehicle accidents are costly to our company, but more importantly, they may result in injury to you or to others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, Terra Works Inc. (Terra Works) endorses all applicable state motor vehicle regulations relating to driver responsibility. Terra Works expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safety.

Driver Eligibility

- In the event that an employee is involved in an accident while driving his/her own vehicle on company business, Terra Works may be liable if you do not have insurance or if the loss exceeds your policy limits. Employees who use their personal vehicle for company business are required to carry adequate limits of liability, with a suggested minimum of \$100,000 for property damage and \$300,000 for bodily injury. A copy of the declaration page of your personal automobile insurance policy must be provided to Human Resources annually at your renewal date.
- Drivers must have a valid driver's license for the type of vehicle to be operated, and keep the license(s) with them at all times while driving. All CDL drivers must comply with all applicable D.O.T. regulations, including successful completion on medical, drug and alcohol evaluations.
- Company vehicles are to be driven by authorized employees ONLY, except in emergencies, or in case of repair testing by a mechanic. Other employees and family members are not authorized to drive Terra Works vehicles.
- Company vehicles are to be driven for Company Business ONLY. Authorizes personal use is acceptable. No unauthorized persons are allowed to ride in company vehicles.
- Any employee who has a driver's license revoked or suspended shall immediately notify Human Resources and discontinue operation of the company vehicle. Failure to do so may result in disciplinary action, including possible dismissal.
- All accidents involving Terra Works vehicles, regardless of severity must be reported to the police and to Human Resources. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, including dismissal.

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that the information contained in Terra Works Inc. (Terra Works) Vehicle Fleet Safety Policy has been reviewed with me and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing. Additionally, I agree to sign any additional State Department of Transportation forms that may be needed to obtain such records.

I am offering Terra Works a photocopy of my current, valid driver's license to be kept on file.

PRINT EMPLOYEE'S NAME: _____

DRIVER'S LICENSE NUMBER: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

REVIEWER'S SIGNATURE: _____ DATE: _____

(Sign and retain the original copy in the employee's file)

Drug Testing Consent Form

I have applied for employment with Terra Works, Inc. [in a position that requires me to operate an automobile or truck]. As a condition for my application being considered, I understand and agree to undergo substance screening. I agree to abide by the current Terra Works drug and alcohol policy. I understand that if my test results are positive, I shall not be considered further by Terra Works, Inc.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Terra Works, Inc. for screening purposes to conduct such screening and to provide the results to Terra Works, Inc. I release Terra Works, Inc. and any person affiliated with Terra Works, Inc. and any such institution or person conducting the screening, from liability therefor.

Applicant's signature: _____

Applicant's name: _____

Date: _____



Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Terra Works, Inc. any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

