



DRIVER'S APPLICATION FOR EMPLOYMENT



APC Construction Co/ APC Southern Construction Co
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 303-279-6611 Phone • 303-279-6216 Fax
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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.

Position(s) Applied for _____ Date of Application _____
 Name _____ Social Security Number: _____
Last First Middle

List your address of residency for the past 3 years.

Current Address: _____
 Street _____ City _____
 _____ Phone _____ How long? _____
 State _____ Zip Code _____

Previous Address: _____ How long? _____
 Street _____ City _____ State & Zip Code _____
 _____ How long? _____
 Street _____ City _____ State & Zip Code _____
 _____ How Long? _____
 Street _____ City _____ State & Zip Code _____

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

Date of Birth ____/____/____ Can you provide proof of age? _____
 (Required for Commercial Driver's)

Have you worked for this company before? Yes No If Yes, Where? _____

Dates: From ____ To ____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you employed now? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of this job for which you have applied (as described in the job description)?

If yes, explain if you wish _____

SECURITY List states and countries of residence for the past ten (10) years. _____

Yes No Have you used any names or Social Security Numbers other than given above? If so. Please list in comments below.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET OF MORE SPACE IS NEEDED) IF NONE, WRITE 'NONE'

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE 'NONE'

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has a 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

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 & SEMI TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARES DO YOU HOLD AND FROM WHOM: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HOLD IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in 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 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____