

PERRETT CONSTRUCTION, LTD

PO BOX 32

VALENTINE NE 69201

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“An Equal opportunity Employer”

“An Affirmative Action Employer”

Please answer all questions in your own handwriting. To be considered for employment, all requested information must be completed. If a question does not apply, mark “n/a”.

OFFICE USE ONLY	
Employee No.:	_____
Date Started:	_____
Job Classification:	_____
Hourly Rate:	_____

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 or veteran status, disability, or any other legally protected status.

Notice to Applicants
If you become an employee of this company, you will be expected, by Company Safety Policy, to wear the authorized personnel protective Safety equipment. Hard Hats, Safety Glasses, Etc. Failure to follow the company safety rules will result in disciplinary action and possible dismissal.

Job Applying For: _____

Date: _____, 20____ Phone Number: (____) _____

Name: _____ Social Security No.: _____ - ____ - ____
Last First M.I.

Address: _____
Street City Sate Zip

Address For Past Three Years _____ How Long? _____
Street City State Zip

_____ How Long? _____
Street City State Zip

In case of emergency, notify _____ (____) _____
Name Phone No.

Address: _____
Street City Sate Zip

Will you be able to perform the essential functions of the position for which you have applied? Yes No
If no, what accommodation to this condition would make it possible for you to do this job? _____

Will you work overtime if asked? Yes No Can you travel if the job requires it? Yes No

Is there any day of the week you could not work? If so, what day: _____

Do you have the legal right to work in the United States? Yes No Do you have flagging experience? Yes No

Are you over 18 years of age? Yes No (Our insurance requires a minimum age of 18 for our employees who operate equipment.)

Do you have a valid driver’s license? Yes No If yes, please list driver’s license no.: _____

Have you ever filed an application with us before? Yes No Have you ever been employed with us before? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Please list any equipment you can operate and list years of experience after each: _____

On what date would you be available for work? _____, 20_____

Rate of pay expected: \$_____

Are you currently on "lay-off" status and subject to recall? Yes No

How did you learn about us? Advertisement Job Service Friend Relative Supervisor Other

Perrett Construction, Ltd. requires employees applying for a driving position to have a current and valid driver's license. If you are applying for a driving position, please continue filling out this section of the application. Licenses will be verified via the Department of Motor Vehicles.

Date of Birth ____/____/____

Do you have a valid driver's license or permit? Yes No

If yes, please specify the type of license/permit: Operator's License Commercial License Work Permit

Driver's License No.: _____ Driver's License State: _____ Driver's License Exp: _____, 20_____

Permit No.: _____ Permit State: _____ Permit Exp: _____, 20_____

If you have a valid CDL license, please list endorsements: _____

Have you ever been denied a driver's license or has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you had any traffic convictions or forfeitures in the past 3 years? Yes No If yes, please specify below:

Location	Date	Charge	Penalty

Have you had a motor vehicle accident or a moving violation in the past 3 years? Yes No If yes, please specify below:

Date	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Mat'l Spill
Last Accident				
Next Previous				
Next Previous				

List the extent of your experience in the operation of a motor vehicle.

Type of motor vehicle	List type of equipment (Van, Tank, Flat, Dump)	Dates	
		From	To
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____			

ALL CDL DRIVER APPLICANTS ARE REQUIRED BY PERRETT CONSTRUCTION, LTD AND FEDERAL LAW TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN BEFORE YOU WILL BE CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

- List employment for at least last 3 years. All time must be accounted for – explain any gaps in employment. (Use additional sheets, if necessary.)
 - If former employer is out of business, furnish name and phone number or address of person who can verify your employment.
 - If self-employed, furnish name, phone number or address of a non-relative who can verify employment.
- NOTE: Incomplete information or inability to verify information may affect further processing of your application.

Are you currently employed? Yes No

Is your present employer aware that you are seeking other employment? Yes No

May we contact your present employer? Yes No

<p style="text-align: center;">Present or Most Recent Employer</p> <hr/> Name: _____ Address: _____ City: _____ State, Zip: _____ Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Month and Year</p> <hr/> From: _____ To: _____ <hr/> Telephone No.: _____ (_____)_____	Starting Salary: _____ Ending Salary: _____	Positions Held and Duties Performed: _____ Reason for Leaving: _____ Supervisor: _____
<p style="text-align: center;">Previous Employer</p> <hr/> Name: _____ Address: _____ City: _____ State, Zip: _____ Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Month and Year</p> <hr/> From: _____ To: _____ <hr/> Telephone No.: _____ (_____)_____	Starting Salary: _____ Ending Salary: _____	Positions Held and Duties Performed: _____ Reason for Leaving: _____ Supervisor: _____
<p style="text-align: center;">Next Previous Employer</p> <hr/> Name: _____ Address: _____ City: _____ State, Zip: _____ Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Month and Year</p> <hr/> From: _____ To: _____ <hr/> Telephone No.: _____ (_____)_____	Starting Salary: _____ Ending Salary: _____	Positions Held and Duties Performed: _____ Reason for Leaving: _____ Supervisor: _____

EMPLOYMENT HISTORY (Con't) Complete this section if you are a driver applying to operate a commercial motor vehicle[†].

- List employment for the 7-year period preceding the last 3 years in which you were an operator of a commercial motor vehicle. (Use additional sheets, if necessary.)

<p style="text-align: center;">Employer</p> <hr/> Name: _____ Address: _____ City: _____ State, Zip: _____ Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Month and Year</p> <hr/> From: _____ To: _____ <hr/> Telephone No.: _____ (_____)_____	Starting Salary: _____ Ending Salary: _____	Positions Held and Duties Performed: _____ Reason for Leaving: _____ Supervisor: _____
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Employer	Month and Year		
Name: _____	From: _____	Starting Salary: _____	Positions Held and Duties Performed: _____
Address: _____	To: _____	Ending Salary: _____	Reason for Leaving: _____
City: _____	Telephone No.: _____		Supervisor: _____
State, Zip: _____	(____) _____		
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Month and Year		
Name: _____	From: _____	Starting Salary: _____	Positions Held and Duties Performed: _____
Address: _____	To: _____	Ending Salary: _____	Reason for Leaving: _____
City: _____	Telephone No.: _____		Supervisor: _____
State, Zip: _____	(____) _____		
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Month and Year		
Name: _____	From: _____	Starting Salary: _____	Positions Held and Duties Performed: _____
Address: _____	To: _____	Ending Salary: _____	Reason for Leaving: _____
City: _____	Telephone No.: _____		Supervisor: _____
State, Zip: _____	(____) _____		
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Month and Year		
Name: _____	From: _____	Starting Salary: _____	Positions Held and Duties Performed: _____
Address: _____	To: _____	Ending Salary: _____	Reason for Leaving: _____
City: _____	Telephone No.: _____		Supervisor: _____
State, Zip: _____	(____) _____		
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

† Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

