

# JIMMY RICHARDS & SONS EXCAVATING, INC.

## APPLICATION FOR EMPLOYMENT

\*MECHANIC POSITION\*

EMPLOYEE INFORMATION	
<b>NAME</b> (FIRST, LAST, MIDDLE INT.)	
<b>ADDRESS</b> (STREET/ PO BOX, CITY, STATE, ZIPCODE)	
<b>TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
<b>BEST METHOD TO CONTACT</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>DATE OF BIRTH</b>	*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*
<b>OFFICIAL LANGUAGE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, SPECIFY _____	<b>ARE YOU OVER THE AGE OF 18?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, CAN YOU PROVIDE A WORK PERMIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO *IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING ELIGIBILITY*	
<b>HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WHEN _____, REASON FOR LEAVING _____</b>	
<b>ARE YOU ABLE TO MEET THE REQUIRED ATTENDANCE NECESSARY FOR THIS POSITION?</b> (Hours are usually Monday thru Friday from 6:00 AM to 5:00/5:30 PM and some Saturdays) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, PLEASE EXPLAIN _____</b>	
<b>IF REQUIRED, ARE YOU WILLING TO WORK OVERTIME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DATE AVAILABLE TO START?</b> _____	<b>DESIRED SALARY?</b> _____
<b>EMERGENCY CONTACT</b>	
<b>NAME:</b> _____	<b>PHONE NUMBER:</b> _____

\*\*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Human Resource Department.\*\*

## EMPLOYMENT HISTORY

Please provide the following information regarding work experience, starting with your most recent job held.  
Attach any additional sheets, if necessary

### EMPLOYER # 1

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____

IMMEDIATE SUPERVISOR

SUMMARIZE JOB RESPONSIBILITIES

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WHAT DID YOU LIKE MOST ABOUT THIS POSITION?

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WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION?

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REASON FOR LEAVING

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MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?

YES  NO

### EMPLOYER # 2

EMPLOYER	PHONE NUMBER
ADDRESS	JOB TITLE
DATES EMPLOYED From _____ to _____	HOURLY RATE/SALARY START: \$ _____ PER _____ FINAL: \$ _____ PER _____

IMMEDIATE SUPERVISOR

SUMMARIZE JOB RESPONSIBILITIES

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WHAT DID YOU LIKE MOST ABOUT THIS POSITION?

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WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION?

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REASON FOR LEAVING

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MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?

YES  NO

**EMPLOYER # 3**

<b>EMPLOYER</b>	<b>PHONE NUMBER</b>
<b>ADDRESS</b>	<b>JOB TITLE</b>
<b>DATES EMPLOYED</b> From _____ to _____	<b>HOURLY RATE/SALARY</b> START: \$ _____ PER _____ FINAL: \$ _____ PER _____
<b>IMMEDIATE SUPERVISOR</b>	
<b>SUMMARIZE JOB RESPONSIBILITIES</b> _____ _____	
<b>WHAT DID YOU LIKE MOST ABOUT THIS POSITION?</b> _____	
<b>WHAT WERE THE THINGS YOU LIKED LEAST ABOUT THIS POSITION?</b> _____	
<b>REASON FOR LEAVING</b> _____	
<b>MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Please explain any gaps in your employment, other than those due to personal illness, injury, or disability</b> _____ _____ _____	
<b>If not addressed above, have you ever been fired or asked to resign from a job?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, please explain:</b> _____ _____	

**JOB-SPECIFIC INFORMATION**

**Do you have the ability to operate the following equipment?**

**Note: the term "operate" includes not only getting into and out of equipment, but also driving and operating such equipment.**

1. Excavators (Various makes and models)  YES  NO
2. Loaders (Various makes and models)
  - a. Track  YES  NO
  - b. Rubber Tire  YES  NO
3. Dozers (Various makes and models)
  - a. Track  YES  NO
  - b. Rubber Tire  YES  NO
4. Backhoes (Various makes and models)  YES  NO
5. Rollers (Various makes and models)
  - a. Compact  YES  NO
  - b. Vibratory  YES  NO
  - c. Sheet Foot  YES  NO
6. Uniloaders/Bobcats (Various makes and models)  YES  NO
7. Graders (Various makes and models)  YES  NO
8. Graders (Various makes and models)  YES  NO
9. Articulated End Dumps (Various makes and models)  YES  NO

**JOB-SPECIFIC INFORMATION Continued**

**DRIVER'S LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROXIMATE # OF MILES DRIVEN
DUMPTRUCK				
TRACTOR & SEMI-TRAILER				
STRAIGHT TRUCK				
OTHER				

Please list any additional driving experience including the equipment type and years of experience driving.

Please list the following information regarding your accident history for the past three years or more, starting with the most recent (Attach sheet if more space is needed).

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	# OF FATALITIES	# OF INJURIES

Please provide the following information regarding traffic violations and forfeitures for the past three years, excluding parking violations.

DATE	LOCATION	CHARGE	PENALTY

**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 QUESTIONS, PLEASE ATTACH A STATEMENT GIVING DETAILS\*\***

**TO ALL DRIVERS:**

Jimmy Richards & Sons Excavating, Inc. take safety very seriously. Running red lights and speeding are becoming quite common. If you are hired and ticketed for running a red light and/or speeding more than two (2) times, you will be terminated. Slow down when approaching a traffic signal and prepare to stop. In addition, cell phones are **prohibited** while working. Your attention should be focused on driving and following directions. **REMEMBER: THE LIFE YOU SAVE COULD BE YOUR OWN.**

I, \_\_\_\_\_ have read the above statement and understand the importance of these regulations.

Date \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Please provide the following information, starting with your most recent school attended.

SCHOOL	YEARS COMPLETED	FIELD OF STUDY

**REFERENCES**

Please provide the following information for three professional references who are *not* related to you and are *not* previous supervisors.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to successfully perform job-related functions for this specific position.

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Please list any professional, trade, business, or civic associations, and any offices held.

(EXCLUDE MEMBERSHIPS THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS)

ORGANIZATION	OFFICE HELD

Please list any special accomplishments, publications, awards, etc.

(EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS)

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Please list any additional information and/or medical conditions that we should know about.

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## CONSENT FOR DRUG/ALCOHOL SCREENING

If you are offered and accept employment with Jimmy Richards & Sons Excavating, Inc., you may work with and be around machinery and equipment that can cause serious injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment. You are responsible for the cost of this pre-employment testing. In addition, you *will not* be reimbursed for the cost of the urine test for drug and/or alcohol use.

In addition, if you are offered employment, Jimmy Richards & Sons Excavating, Inc. has the right to randomly test employees for drug and/or alcohol use due to the serious risk of human injury and/or property damage involved in the workplace. Jimmy Richards & Sons Excavating, Inc. will pay for the random urine test, unless the employee tests positive for drugs and/or alcohol, in which case the employee will be responsible for the cost of the urine test.

I, \_\_\_\_\_, have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol use. I understand what I am being tested for, the procedure involved, and freely giving my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released to Jimmy Richards & Sons Excavating, Inc.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## APPLICANT STATEMENT

I certify that all the information provided on this application is true and complete to the best of my ability. I understand that any misrepresentation or omission of information made by me can result in the cancellation of this application, or if already employed, immediate discharge from the company at the time of discovery.

I give the employer the authorization to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby waive any and all rights and claims I may have regarding the employer for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand this application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that I must complete an I-9 form as required by the federal immigration laws.

I understand that if I am hired, there will be a 90-day trial period. In which case, Jimmy Richards & Sons Excavating, Inc. has the authority to terminate employment for any reason.

According to Maryland law, an employer may not require or demand that an individual submit to or take a lie detector or similar test as a condition of employment, prospective employment, or continued employment. Any employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

### **DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE**

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

# Action Voluntary Information

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

Jimmy Richards & Sons Excavating, Inc. considers all applicants for employment regardless of age, race, sex, national origin, physical or mental disability, religion, or any other similarly protected status.

To further its commitment to Equal Employment Opportunity (EEO), the state of Maryland requests applicants to provide the following information. Providing this information is **COMPLETELY VOLUNTARY**. In addition, failure to provide information will not subject you to any adverse personnel decisions or actions. This information will be used only by authorized personnel for statistical purposes.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decisions made by the company. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date: \_\_\_\_\_

## Referral Source

Walk-In       Government Employment Agency       Private Employment Agency  
 Employee       Relative       School  
 Advertisement- Source \_\_\_\_\_  Other \_\_\_\_\_

Name of person(s) who referred you (if applicable): \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
            LAST                      FIRST                      MIDDLE

Address: \_\_\_\_\_  
                                    STREET                                      CITY                                      STATE                                      ZIP CODE

MALE     FEMALE

## Please check one of the following Equal Employment Opportunity Identification Groups:

White (not Hispanic origin)       Black (not Hispanic origin)       Hispanic  
 American Indian/ Alaskan Native       Asian/Pacific Islander       Other

## For Administrative Use Only

Position(s) applied for     Available       Not Available

Other position(s) considered for \_\_\_\_\_

Hired     Yes     No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers       Sales Workers       Operatives (Semi-Skilled)  
 Professionals       Office and Clerical Workers       Laborers (Unskilled)  
 Technicians       Craft Workers (Skilled)       Service Workers

Completed by: \_\_\_\_\_



# RELEASE OF INFORMATION FORM

The Federal Motor Carrier Safety Regulations require **all** previous employers of this applicant to respond to this information request within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted.

## Section I. To be signed by the employee, completed by the new employer, and transmitted to the previous employer.

### I-A:

I, \_\_\_\_\_, hereby authorize the previous employer listed in Section I-C to release all records of employment, including assessments of my job performance, ability, reliability, etc. in the workplace to the employer listed in Section I-B. I understand that the information to be released in Section II-A and Section II-B by my previous employer is in accordance with DOT-regulation testing, and other applicable Maryland laws.

**Employee's Social Security Number:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

### I-B:

New Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

### I-C:

**Previous Employer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Designated Employer Representative (If known):** \_\_\_\_\_

## Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

**II-A:** In the two years prior to the date of the employee's signature (in Section I):

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug or alcohol rule violation to you? **YES** \_\_\_ **NO** \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES** \_\_\_ **NO** \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B:** Please answer the following questions regarding the previous employee named in Section I

1. What type of vehicle did the employee drive? \_\_\_\_\_
2. Did the employee have any accidents? **YES** \_\_\_ **NO** \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. In your opinion, how would you rate the employee's driving ability? ( With 5 being the best and 1 being the worst) 1 2 3 4 5
4. How was the employee's attendance? \_\_\_\_\_
5. In your opinion, was the employee dependable? **YES** \_\_\_ **NO** \_\_\_\_
6. What was the employee's ending salary? \_\_\_\_\_
7. Would you rehire this employee? **YES** \_\_\_ **NO** \_\_\_\_

**II-C:** Please provide the following information for the person completing the information in Section II-A and II-B.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_