APPLICATION FOR EMPLOYMENT

Clark & Young EXCAVATION, LLC
(509) 522-DIRT

APPLICANTS NAME_____
          (FIRST)   (MIDDLE)   (LAST)

ADDRESS_____HOW LONG?_____
        (STREET)   (CITY)   (STATE & ZIP CODE)

DATE OF BIRTH_____PHONE_____SOCIAL SECURITY NO._____

EMAIL ADDRESS_____

Emergency Contact Name and Phone number _____

PREVIOUS ADDRESSES (LAST 3 YEARS, ATTACH SHEET IF NEEDED)

STREET	CITY	STATE	ZIP CODE	HOW LONG?

DRIVER LICENSES (LAST 3 YEARS)

STATE	LICENSE NUMBER	CDL (Y/N)	CLASS	EXPIRATION DATE

DRIVING EXPERIENCE

EQUIPMENT		DATES	
CLASS (TRUCK, TRACTOR, etc)	TYPE (VAN, FLAT, TANK, etc)	FROM	TO

ACCIDENTS (LAST 3 YEARS, ATTACH SHEET IF NEEDED)

DATE	STATE	NATURE (HEAD-ON, REAR-END, etc)	FATALITIES	INJURIES

ADDITIONAL INFORMATION

MOVING VIOLATIONS (LAST 3 YEARS, ATTACH SHEET IF NEEDED)

DATE	STATE	VIOLATION

Has any license or permit ever been suspended, cancelled, denied, or revoked?_____

(If yes, attach a statement giving full details.)

EMPLOYMENT RECORD (ATTACH SHEET IF NEEDED)
(LAST 3 YEARS, <u>CDL DRIVER:</u> LAST 10 YEARS)

LAST EMPLOYER_____CONTACT_____PHONE_____

ADDRESS_____CITY_____STATE_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

WERE YOU SUBJECT TO THE FMCSR's?_____WERE YOU IN A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?_____

2ND EMPLOYER_____CONTACT_____PHONE_____

ADDRESS_____CITY_____STATE_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

WERE YOU SUBJECT TO THE FMCSR's?_____WERE YOU IN A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?_____

3RD EMPLOYER_____CONTACT_____PHONE_____

ADDRESS_____CITY_____STATE_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

WERE YOU SUBJECT TO THE FMCSR's?_____WERE YOU IN A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40?_____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE_____DATE_____