



P O Box 609
Pine Bluffs WY 82082-0609
(307) 245-3676
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

DATE: _____ **BIRTHDATE:** _____

NAME: _____ **PHONE#** _____
First M.I. Last

CURRENT EMAIL ADDRESS: _____

CURRENT ADDRESS _____
Street City State Zip

If at above residence less than three years, list below all residences for the past three years.
Attach a separate sheet, if necessary.

Street _____ **City** _____ **State/Zip** _____

Position Applying for _____ **Pay Rate Expected** _____
() Temporary () Part-Time () Full Time

Who Referred You? _____

Have you worked for P.B. Gravel before? _____ **If yes, when?** _____
Reason for leaving? _____

Names of any Relatives Employed for this Company _____

Are you currently employed? _____
If not, how long since leaving last employment _____

Are you a U.S Veteran? YES / NO

EDUCATION

Circle highest grade completed: 5 6 7 8 9 10 11 12 **College:** 1 2 3 4

Last school attended/address _____

DRIVER INFORMATION: (Answer the questions only if applying for driver position)

Date of Birth _____ **Social Security #** _____



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EMPLOYMENT HISTORY (most recent first)

Dates Employed	Employer Name & Address/Phone#	Salary/Position	Reason for Leaving
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

REFERENCES: Give below the names of three persons, **not related to you**, whom you have known for at least one year:

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

PHYSICAL RECORD: Do you have any physical or medical condition that would hinder or prohibit you from engaging in the physical and mental tasks required for the job you are applying for? **YES / NO**

- a. Please list allergies and all prescribed medicines you are currently taking and provide any cautionary warnings, i.e., "prescription can make you drowsy", "do not operate heavy equipment or drive while taking this medicine," etc., regarding those prescriptions supplied by a medical doctor or pharmacist.



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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice.

Signature _____ Date _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses Held in the Past 3 Years MUST be shown:

STATE	LICENSE #	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

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

Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations? _____

(IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH STATEMENT GIVING DETAILS)

DRIVING EXPERIENCE

Class of Equip.	Type of Equip. (van/tank, flat)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailers				
Other				

List states operated in for last five years: _____

PINE BLUFFS GRAVEL & EXC., INC.

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PERSONAL PROTECTIVE EQUIPMENT:

- | | |
|---|----------------------|
| 1. Hard hat when in gravel pit or construction site | 5. No loose clothing |
| 2. Steel-toe boots | 6. No long hair |
| 3. Glove – correct size | 7. Safety glasses |
| 4. Fire Retardant Clothing for Oilfield Division | |

ACCIDENTS:

All accidents and/or injuries are to be **reported to management of Pine Bluffs Gravel within twenty-four (24) hours** after the accident occurs. All accidents will be reviewed and a determination made as either preventable or non-preventable. *A preventable accident is defined as an accident in which the driver failed to do everything possible to avoid it.*

PASSENGERS:

Hitchhikers and passengers, other than company employees, are not permitted.

RADAR DETECTORS:

The use of radar detectors is forbidden in all vehicles owned or used by the company. Drivers using radar detectors will have their driving privileges revoked.

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that the information contained in the Pine Bluffs Gravel & Excavating 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.

(PRINT) EMPLOYEE'S NAME

DRIVER'S LICENSE NUMBER & STATE

EMPLOYEE'S SIGNATURE

DATE

REVIEWER'S SIGNATURE

DATE

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



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Drug & Alcohol Policy Receipt and Testing Authorization/Benefit Notice

Signing of this form authorizes Pine Bluffs Gravel, Inc. to test the undersigned in accordance with the Policy, authorizes the laboratory, physicians, hospital, clinic or other qualified testing facility performing the test results to release the test results to Pine Bluffs Gravel at any time during the undersigned's current or future employment, and authorizes Pine Bluffs Gravel, Inc. and testing facility to release such test results to insurance carriers, including Worker's Compensation or State Fund Administrators, when, in the opinion of a pending of potential future claim by the undersigned. The test results may be used in connection with Worker's Compensation or health insurance claims and for disciplinary and all purposes contemplated by the policy.

This authorization shall remain valid for five (5) years from the date appearing below or, if later, until the conclusion of any worker's compensation or other legal proceedings initiated by the undersigned.

New employees will be on a probationary period for six months from the date of employment, at which time your job performance will be evaluated.

Following two months of full time employment, the employee will be eligible for health insurance benefits. Following one year of full time employment, the employee will be eligible to enroll in the company 401K Plan, at the scheduled sign up date following the qualifying date.

The Undersigned has the right to receive a true copy of this authorization.

NAME (PRINT) _____

SIGNATURE _____

DATE _____