



Applicant Number: \_\_\_\_\_

# Driver's Application for Employment

Fann Environmental, LLC  
 6708 Corsair Ave., Suite A  
 Prescott, AZ 86301

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) applying for: \_\_\_\_\_ Date: \_\_\_\_\_  
*We keep applications for 6 mons.*  
 Referral source: Ad \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_ Fann Employee/Name: \_\_\_\_\_

Name:				Application Update Record
Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:			
If no phone, how can we contact you?				
Email address:				
Have you filed an application with us before?	Yes _____	No _____	If yes, give date: _____	
Have you ever been employed with us before?	Yes _____	No _____	If yes, give date: _____	
Are you employed now?	Yes _____	No _____		
May we contact your present employer?	Yes _____	No _____		
On what date are you available for work? _____				
Are you under the age of 18?	Yes _____	No _____	Are you able to work full time?	Yes _____ No _____
Can you show you are eligible to lawfully work in the United States? Yes _____ No _____ <i>(Citizenship/immigration documents will be required upon employment)</i>				
Are you able to travel if a job requires it? Yes _____ No _____				

**Education**

Graduated from high school: Yes \_\_\_\_\_ No \_\_\_\_\_ Completed grade: \_\_\_\_\_  
 College attended: \_\_\_\_\_ # Years: 1 2 3 4 Major: \_\_\_\_\_  
 Technical School: \_\_\_\_\_ Completed course of study? \_\_\_\_\_  
 Degrees Earned: \_\_\_\_\_

**References**

Give name, address, and phone number of 3 references who are not related to you and are not previous employers.

Name	Address	Phone

<i>For Company Use Only</i>					<i>Rev 8/17/20</i>
Interview Date:	Remarks:			Logged in by:	
File:	Oper	Labor	Shop	Est/Superv.	
	Truck	Concrete	Office	Other:	

## Driver Applicant's Employment History

### Vehicle Experience:

List the nature and extent of your experience in the operation of motor vehicles, including the types (such as bus, truck, tractor truck, semi-trailer, belly dump, 10-wheel dump, boot truck, or etc.)

Type of vehicle	Yrs Exp	Type of vehicle	Yrs Exp

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work (i.e. driving) covered by DOT agency drug and alcohol testing reules during the past 2 years. Yes \_\_\_\_ No \_\_\_\_

The information submitted in this application concerning past employment, may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicants safety performance history information.

Per the FMCSST (Federal Motor Carrier Safety Regulations), Section 391.21, you are required to list the names and addresses (and preferably the phone number(s) of all your employers for the last 3 years, including the dates you were employed and the reason for leaving that employer, whether you were subject to the FMCSR while employed, and if that job was subject to alcohol and controlled substance testing requirements of 49 CFR pasrt 40 (DOT drug testing). In addition, you must also list the names and addresses of employers during the 7 year period preceding the listed 3-year period for which you operated a motor vehicle with the dates of employment and reasons for leaving.

### Employment Experience for the past 3 years:

**WE NEED THIS INFORMATION EVEN IF YOU ARE SUBMITTING A RESUME**

Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					

## Employment Experience – Prior 7 years

**WE NEED THIS INFORMATION EVEN IF YOU ARE SUBMITTING A RESUME**

Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					
Employer	Telephone	Dates Employed		Work Performed	Subject to FMCSR Drug Testing
		From	To		
Address					Yes
					No
Job Title		Hourly rate/salary			
Supervisor		Starting	Final		
Reason for Leaving					

The applicant does have the following rights regarding the investigative information provided to the prospective employer:

The right to review information provided by previous employers. The right to have errors in this information corrected by the previous employer and for the previous employer to resend the corrected information to the prospective employer. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of this information.

### **All drivers must provide the following during orientation:**

A copy of a 36-month motor vehicle record from any state in which they have held a CDL license within the past 3 years; A CDL license from the state in which they maintained a permanent residence; A copy of a current medical card

Information required of all applicants for commercial driver position by the US Department of Transportation  
Federal Motor Carrier Safety Administration CFR 49 Part 391.21

**Fill out this form only if you are applying for a job as a driver**

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**All Addresses you have lived at for the past 3 years:**

Street Address	City, State, Zip	Dates of Residence

**All Current Commercial Driver Licenses you hold:**

License #	State of Issue	Expiration Date

**You must list all motor vehicle accidents in which you were involved in the past 3 years**

Nature of accident	Accident date	Please list any fatalities or injuries

**You must list all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted or forfeited bond in the past 3 years:**

Violation	Date	Explanation

Have you had any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:


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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Fann Environmental, LLC Experience/Proficiency List

Name \_\_\_\_\_

Date \_\_\_\_\_

Please put the number of **YEARS** or **MONTHS** experience you have next to the equipment that you are proficient on:

		YRS	MOS			YRS	MOS			YRS	MOS
<b>CODE</b>	<b>GRADER</b>										
MG12	12	___	___								
MG14	14	___	___								
MG16	16	___	___								
MG140	140	___	___								
MGOT	Other	___	___								
MGBT	Blue Top	___	___								
<b>CODE</b>	<b>SCRAPER</b>										
SC623	623	___	___								
SC621	621	___	___								
SCOT	Other	___	___								
SCWP	Water Pull	___	___								
<b>CODE</b>	<b>BACKHOE</b>										
BH426	CAT 426	___	___								
BH446	CAT 446	___	___								
BH416	CAT 416	___	___								
BH310	JD 310	___	___								
BH710	JD 710	___	___								
<b>CODE</b>	<b>EXCAVATOR</b>										
EX225	225	___	___								
EX235	235	___	___								
EX330L	330L	___	___								
EXOT	Other	___	___								
<b>CODE</b>	<b>LOADER</b>										
LD966	966	___	___								
LD973	973	___	___								
LD980	980	___	___								
LDOT	Other	___	___								
<b>CODE</b>	<b>COMPACTOR</b>										
CP815	815	___	___								
CP825	825	___	___								
CPOT	Other	___	___								
<b>CODE</b>	<b>ROLLER</b>										
RLRT	Rubber Tire	___	___								
RLSW	Steel Wheel	___	___								
<b>CODE</b>	<b>ASPHALT ROLLER</b>										
ACRAF	Asphalt Finish	___	___								
ACRBD	Breakdown	___	___								
ACRPN	Pneumatic	___	___								
<b>CODE</b>	<b>DOZER</b>										
DZ4	D-4	___	___								
DZ7	D-7	___	___								
DZ8	D-8	___	___								
DZ9	D-9	___	___								
DZ10	D-10	___	___								
DZOT	Other	___	___								
<b>CODE</b>	<b>Airtrack (rock drill)</b>										
ATGD	Gardner Denver	___	___								
ATOT	Other	___	___								
<b>CODE</b>	<b>GRADE CHECKER</b>										
GRCKR	Grade Checker	___	___								
<b>CODE</b>	<b>DRIVERS</b>										
TDBT	Boot Truck	___	___								
TDWT	Water Truck	___	___								
TDTW	10 Wheeler	___	___								
TDBD	Belly Dump	___	___								
TDST	Service Truck	___	___								
<b>CODE</b>	<b>ROCK TRUCKS</b>										
RTTR	Terex	___	___								
RTCT	Cat	___	___								
<b>CODE</b>	<b>CRANE FORKLIFT</b>										
CR		___	___								
FL		___	___								
<b>CODE</b>	<b>CODE</b>	<b>ENDORSEMENTS</b>									
CDLA	CDLB	CDL	A	B							
CDLAH	CDLBH	Hazmat	Yes	No							
CDLAT	CDLBT	Tankers	Yes	No							
CDLAHT	CDLBHT	Both	Yes	No							
<b>CODE</b>	<b>TRAINING</b>										
FACPR	First Aid CPR	___	___								
RSC	Respirator Certified	___	___								
FLC	Forklift Certified	___	___								
CPE	Competent Person Exc.	___	___								
CS	Confined Space	___	___								
MSHA1	MSHA (Current)	___	___								
OSHA1	OSHA 10hr/30hr (Current)	___	___								
CF	Flagger Certified	___	___								
PLC	Pipe Laser Certified	___	___								
TROT	Other	___	___								
Are you multilingual? Yes No											
<b>CODE</b>	<b>LANGUAGE</b>										
LGSP	Spanish	___	___								
LGEN	English	___	___								
LGOT	Other	___	___								
Explain any other construction experience here: _____											
_____											

If extra space is needed to list other construction experience, continue on the reverse side.

## Special Skills and Training

Summarize special skills and training acquired from employment, classes taken, equipment operating experience, facility operations, or any other experience you feel relevant. Also list any certifications you have such as Water/Wastewater, Hazmat, Confined Space, etc. **Please include brief Resume if available.**

State any additional information that you feel may be helpful to us in considering your application:

## Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand and acknowledge that any employment relationship with this company is of an 'at will' nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of the company.

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.

Signature of Applicant: \_\_\_\_\_

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

## For Company Use Only

Hired by: \_\_\_\_\_ Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Code: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fann Environmental, LLC**

6708 Corsair Ave., Suite A  
Prescott, AZ 86301  
Phone (928) 778-5335 Fax (928) 778-5870

**REQUEST FOR INFORMATION RELEASE**

Applicant Name: \_\_\_\_\_  
(Please Print Clearly)

I hereby authorize the release of all information concerning my employment, including, but not limited to, assessments of my job performance, ability, conduct, fitness and controlled substance and/or alcohol test results (or refusals to test) to Fann Environmental, LLC or their authorized agents. I hereby release you from any and all liability of any type as a result of providing this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date