



APPLICATION FOR EMPLOYMENT

Hammer Construction, Inc is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Email (required): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Have you worked for Hammer Construction before? Yes No

How were you referred to Hammer Construction, Inc? _____

Do you have a family member that works or has previously worked for Hammer Construction, Inc? Yes No
If yes, who? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

EDUCATION & QUALIFICATIONS:

Highest Level of Education: High School, College, Vocational or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma/Certification: _____

Please list any Safety Certifications, Training Certifications, Operator Qualifications, etc.

Name(s) & Provider of Certification(s): _____

EXPERIENCE WITHIN INDUSTRY:

ROUSTABOUT Yes No If Yes, Number of Years _____

EQUIPMENT OPERATOR Yes No If Yes, Number of Years _____

CDL (CLASS A) DRIVER Yes No If Yes, Number of Years _____

SUPERVISOR/FOREMAN Yes No If Yes, Number of Years _____

RECORD OF EMPLOYMENT:

List positions starting with most recent: (10 years of previous employment for CDL Applicants—attached separate sheet if needed)

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSA Regulations while employed? _____ Yes _____ 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 40? _____ Yes _____ No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSA Regulations while employed? _____ Yes _____ 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 40? _____ Yes _____ No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSA Regulations while employed? _____ Yes _____ 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 40? _____ Yes _____ No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Were you subject to the FMCSA Regulations while employed? _____ Yes _____ 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 40? _____ Yes _____ No

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____

DRIVING EXPERIENCE

STRAIGHT TRUCK	TRACTOR&SEMI TRAILER	TANKER	TRACTOR-2 TRAILERS	TRACTOR-3 TRAILERS
___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO
_____ YEARS	_____ YEARS	_____ YEARS	_____ YEARS	_____ YEARS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SEPARATE SHEET IF NEEDED) IF NONE, WRITE NONE)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENT	EXPIRATION DATE

TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS (OTHER

STATE	LICENSE NO.	CLASS	ENDORSEMENT	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____**
If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____**
If yes, explain _____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Hammer Construction, Inc is at-will, meaning that I or Hammer Construction, Inc may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Hammer Construction, Inc to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Hammer Construction, Inc, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

IN CASE OF EMERGENCY, WHOM SHALL WE NOTIFY?

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP: _____